Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000336074 3)))



H230003360743ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

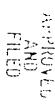
學版nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:	
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LLC REGISTERED AGENT CHANGE RIF 125, LLC

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SEP 26 2023

K. Brumbley

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	COVER LETTER 2						
_	istration Section ision of Corporations						
CUBITET.	RIF 125, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or l	Madam:						
The encloses	d Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.				
Please return	n all correspondence concerning	g this matter to the	e following:				
Mary Castille	υ						
·····	Name of Person						
Registered A	gent Solutions, Inc.						
	Firm/Company						
Corporate Ce	enter One, 5301 Southwest Pkwy.	Ste 400					
	Address						
Austin, TX 7	8735						
	City/State and Zip Coo	le					
E-mail	address: (to be used for future	annual report not	ification)				
For further i	nformation concerning this ma	tter, please call:					
Mary Castillo	0	888 at (705-7274				
	Name of Person	··· (Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: distration Section distration of Corporations distraction of Box 6327 distractions distraction of Section		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303				
Enc	losed is a check for the follow	ing amount:					
o s	25 Filing Fee	<u>.</u>	\$55 Filing Fee & Certified Copy				

Н

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: RIF 125, LLC						
2. (a)	2999 NE 191ST STREET (b) 2999 NE 191ST STREET						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of lit (Note: MAYRE)	mited liabilit	y comp	any:
	SUITE 800		SUITE 8) (1			
	AVENTURA, FL 33180		AVENTU	JRA, FL 33180			
	10/5/2015		1.1500016 ¹) 383			
3.	Date of filing/registration in Florida	4.		Document numb	er		•
5. {a}	NRAI SERVICES, INC.						
2. (4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of Sta	nte;			
	1200 S PINE ISLAND RD						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	Į				
	PLANTATION , FL	33324		-	•	2(
(b)	Registered Agent Solutions, Inc.					2023 SEP	
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:			\sim	<u> </u>
	2894 Remington Green Ln.			_	121 	6 AM	KO N
	NEW Registered Office Address:			_	65 55	1	(
	Ste. A			_		9	
	Tallahassee . FL	32308					
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	d office at inpany, it i ited liabili	nd the business off is hereby confirme ty company or as o	ice of the d that the	registe chang	red e(s)
/st	Victor Recondo	Vict	or Recondo	Aut	horized :	Signe	r
Signal	ture of a member or authorized representative of a member			Printed or typed nar	me of signee		
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	sertormo	ince of my	duties and Lamb	amiliar xei	th and	accept
Sienatu	Mackenzie Hibler, Asst. Secret	агу					