L16000130998

(Red	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		l		

Office Use Only



800302872988

- 800302872988 09/25/17--01033--094 -++25.99

J-129/17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

יווה אה משני קורניט

COVER LETTER

TO: Registration Section Division of Corporations					
Raku Contempo, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Gary Saslaw, Esq.					
Name of Person					
Gary R. Saslaw, P.A.					
Firm/Company	·····				
20801 Biscayne Blvd., Suite 304					
Address					
Aventura, Florida 33180					
City/State and Zip Code					
grs@grspa.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter.	, please call:				
Gary Saslaw, Esq.	305 682-0200				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	g amount:				
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

l. N	ame of the limited liability company: Raku Conte	empo, LLC	
2. (a)	c/o T2H Capital Management Co.	(b) c/o T	2H Capital Management Co.
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(4)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1204 Burlingame Ave., Suite 10	1204	Burlingame Ave., Suite 10
	Burlingame, CA 94010	Burlir	ngame. CA 94010
	07/12/2016	L1600	0130998
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	TACHIBANA, CPA, MITSUKAZU		
v. ya	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	Hollywood	71. 33020	FILED 7 AUG 25 M SECRETARY OF ALLAHASSEE, F
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	STAT CORNE
	NEW Registered Office Address:		— 0A E 3
	20801 Biscayne Blvd., Suite 304		
			<u> </u>
	Aventura	_{FL} 33180	
the ch agent was/w the art T2H 0 Sign Sat I here provis the ob- to mer	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the Capital Mangement of a member of a completions of all statutes relative to the proper and completing tions of my position as registered agent as provicely reflect a change in the registered office address, and in writing of this clampe.	of the registered of Hiability company, is of the limited Hability he limited Hability Satoru Hirai, agree to act in this ete performance of lided for in Chapter	flice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. President Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
Signat	ure of Registered Agent		