## 117000032758

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## COVER LETTER

Division of Corporations				
Rare Ivanhoe LLC SUBJECT:				
	ne of Limite	d Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to	the following:		
Andrew M. Katzman				
Name of Person				
Rare Ivanhoe LLC				
Firm/Company				
3090 Alatka Court		•	بيشو	
Address			SECON TALL	
Longwood, FL 32779			FILED 2: 48	
City/State and Zip Code		<del></del>	SAS R	
Joseph.Scwartz@gmail.com			7100	
E-mail address: (to be used for future and	nual report n	otification)	<b>高計</b>	
For further information concerning this matter	, please call:			
Andrew M. Katzman	407 at (	230.2126		
Name of Person		Area Code & Daytime Telepho	one 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	; amount:			
■ \$25 Filing Fee		\$55 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.

1. <b>N</b> a	ame of the limited liability company:	LLC		
2. (a)	Joseph Schwartz, Manager		b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3090 Alatka Court		3090 Ala	atka Court
	Lake Mary, FL 32746		Lake Ma	ary, FL 32746
	10/6/2015		L1700003	32758
3.	Date of filing/registration in Florida	4.		Document number
i. (a)	Joseph Schwartz, Manager			
. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	– <del>e</del> :
	217 N. Westmonte Drive, Suite 1005, Altam	onte S	prings, FL	
	Registered Office Address (MUST BE FLORIDA STREET) 3090 Alatka Court	ADDRES	<u>'S)</u>	-
	Longwood .FL	32779	)	TS:
(b)				FILED PRETARY OF LANASSEE.
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	NEW Registered Office Address:			2 48
	3090 Alatka Court			-
	Longwod	32779	)	
he cha gent v vas/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	f the reg ability of of the linited	istered office company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely effect a change in the registered office address, I a in writing of this change.	ree to a perform d for in hereby	ct in this cap nance of my Chapter 603 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			