Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE RBI FACTOR LLC

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D SCOTT

JUN 2 6 2019

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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. N	ame of the limited liability company: RBI FACTOR L	LLC
2. (a)	1920 E HALLANDALE BEACH BLVD	(b) 1920 E HALLANDALE BEACH BLVD
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STE 705	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STE 705
3.	05/30/2017 Date of filing/registration in Florida POSTOKER LEGAMBROOD	L17000118657 4. Document number
5. (a)	ROSTOKER, LEONARDO D Registered Agent and Registered Office shown on the records of the 1920 E HALLANDALE BEACH BLVD	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET AD	
	HALLANDALE BEACH FL 3	3009 CORROLL C
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Areas and/or NEW Registered Of 11380 Prosperity Farms Road #221E NEW Registered Office Address:	ffice address:
	Palm Beach Gardens , FL 33	3410
agent w	mited liability company is not organized under the laws age or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited street.	c registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise result.
- C	The state of the s	Ryan Sullivan, Attorney-In-Fact
	ure of a member or authorized representative of a member	Printed or typed name of signee
provision the oblition mere notified	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pel gations of my position as registered agent as provided for reflect a change in the registered office address, I her in writing of this change.	to act in this cupacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
` /~	Tyan Sullivan, Special Secreta	ary