

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status ____ Certified Copies _____ Special Instructions to Filing Officer:

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200319193252

10/15/18--01005--020 **25.08



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: RASE INNOV | VATIONS, LLC | |
|---------------------------------------|--|---|--|
| 2. (a) | 8900 N KENDALL DRIVE | (b) 8900 N KENDALL DRIVE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| - | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | |
| | MIAMI, FL 33176 | MIAMI | , FL 33176 |
| | 08/14/2017 | L17000 | 173380 |
| 3. 5. (a) | Date of filing/registration in Florida BARBARA DEPPMAN | 4. | Document number |
| (b) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 8900 N KENDALL DRIVE | | late: |
| | Registered Office Address (MUST BE FLORIDA STREET) | (ADDRESS) | <u> </u> |
| | MIAMI FI | 33176 | ZOHOCI SECRE JA TALLAI |
| | RICARDO CURY, MD | | AHAS |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | <u> </u> |
| | 8900 N KENDALL DRIVE | | GF STATE SEE, FL |
| | NEW Registered Office Address: | | rri 🚾 |
| | MIAMI | 33176 | |
| the chagent was/w the art | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the authorized representative of a member | ws of the State of I f the registered off iability company, i of the limited liabi | ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. |
| provis the ob to mer notifie | by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address. I d in writing of this change. | 2 25/21 (212/2017/1017/12 23/ 11) | N MHORE ONA LAM TAMHAM NUM AND AND ACCED |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00