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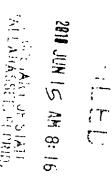
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Rainfores Name of Lir | it Imports LLC |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Shayne Malor Name of Person | |
| Firm/Company | <u> </u> |
| 3910 Burty St S Address | E Suite 101 |
| City/State and Zip Code | 49546 |
| E-mail address: (to be used for future annual repo | ports com |
| For further information concerning this matter, please of | eall: |
| Shayne Malone at (| 305) 401. 5387 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 amoun | t: |
| \$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.

| Name of the limited liability company: | 8. 2 | - ~ + | · \mo | nvte | 11 | (. | |
|---|---|---|--|--|--|--|---------------------------------|
| Name of the limited liability company: | 110111 | | | | | | · |
| 2. (a) Principal office address of limited liability (Note: MUST BE STREET ADD | | (b) | (b) | | | | |
| 3232 Coval Way | ₩90S | 7 | 910 6 | 3444 | 54 | , S | E |
| 3232 Coral Way Miami FL 331 | 12. | | Buite Brand | 101 Kapi | 1 26 | MI C | 1954 |
| 12-8-17 | | | こいつ | 0002 | 518 | S9 | |
| Date of filing/registration in Flo | orida - | 4. | Docur | nent number | | | |
| 5. (a) Shayne Ma | alone | | | | | | |
| i. (a) Shayne Market Agent and Registered Office shown of | n the records of the | Florida Dept | of State: | | | | |
| | | | | | | | |
| Registered Office Address (MUST BE FLOI | NIDA STREET AD | DRESS) | | | | | |
| 7980 McFav | lane R | . 4. | | | <u></u> ; | 28 | |
| Mia mi | | 220 | | | ALLAHASSEL FLORIG | 2611 JUN 15 | |
| T TIME MY. | FL | 3 -313 | <u>, 2</u> | | > . | Æ | 1 ~. |
| (h) | | | | | <u> </u> | 2 | <u> </u> |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Of | ffice address: | · · · · · · · · · · · · · · · · · · · | | ر م | Þ | \Box |
| | | | | | 10.1 | άö | |
| | | | | | | 6 | |
| NEW Registered Office Address: | | | | | ··· <u>-</u> | 0. | |
| 3/232 Coval W | ay to | 305 | | | | | |
| ٥ | • | <i>-2</i> | | | | | |
| Miami | , FL | 551 | 42 | | | | |
| If the limited liability company is not organized the change or changes are made, the Florida strugent will be identical. Or, in the case of a Floridas/were authorized by an affirmative vote of the articles of organization or the operating agree | eet address of the ida limited liabi he members of t | e registered lity compa he limited | I office and the sylvente of t | ne business of confirmed bany or as other | office of that the nerwise p | the regis change(provided | stered (s) I in |
| OFMenene | | | 5h | ay no | VIC | snol. | |
| Signature of a member or authorized representative of a | member | | Printed | for typed name | of signee | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper of the obligations of my position as registered age of merely reflect a change in the registered official in writing of this change. | igent and agree and complete pe nt as provided f ce address, I her | to act in the reformance for in Chap reby confir | is capacity. of my duties, ter 605, F.S. n that the lim | l further agre and I am fan Or, if this do ited liability | re to con niliar wi cument : compan | nply wit th and a is being y has be | h the accept filed ren |
| Signature of Registered Agent | | | | | | | |

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