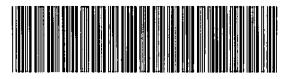
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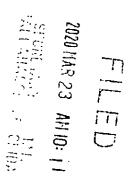
(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL MAIL				
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Certified Copies Certificates of Status						
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: RASCITO KING Name of L	imited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	er to the following:						
PAUL HAMILTON							
Name of Person							
RASCITO KING LLC Firm/Company							
Firm/Company							
3411 FARTON RD							
Address							
PomPano Boach Fl 3 City/State and Zip Code	3062						
E-mail address: (to be used for future annual rep	oort notification)						
For further information concerning this matter, please	call:						
PAUL HAMILTON at (954, 692 4555 Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:							
1 \$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. N	Name of the limited liability company: RASCITO	LING	LLC			
	• •	3411		$\overline{\zeta}$	2	
2. (a)	Principal office address of limited liability company:	Mailin	g address of li	mited liah	-	
	(Note: MUST BE STREET ADDRESS)	$\bigcap \frac{\partial N_{\theta \theta}}{\partial x}$	ie: MAY BE			_
	POMPANO BEACH FL 33062	rom rax	10 DE	FACH	FL	33062
						
	$\frac{\partial 2/\partial 8/2 \partial 18}{\text{Date of filing/registration in Florida}} \qquad \qquad \underline{L}$	18000	00358	224		
3.	Date of filing/registration in Florida 4.		ument numb			
5. (a)	(a) CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of the Florida Dept.	. of State:				
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			, 1	~	
				<u> </u>	020	
	TALLAHASEE . IL 3230	>		<u> 한</u> []	020 HAR 23	i
	D 1100000				23	
(b)	(b) YAUL HAMILION Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u> </u>		~,	AH	
		·			AH 10: 1	C.
	3411 BARTON KD.			<u>[]</u> ;	_	
	NEW Registered Office Address:					
	P = 0. D	1.0				
	MYAND BEACH . FI. 3306	62_				
If the	he limited liability company is not organized under the laws of the State	e of Florida.	it is hereby	confirm	ned that	after the
agent	nge or changes are made, the Florida street address of the registered off nt will be identical. Or, in the case of a Florida limited liability compar	ny, it is here	by confirm	ed that th	he chan	ge(s)
	s/were authorized by an affirmative vote of the members of the limited latticles of organization or the operating agreement of the limited liability			otherwis	se provi	ded in
	· · · · · · · · · · · · · · · · · · ·	PAUL Print		_TBN		
– I here -proviș	ereby accept the appointment as registered agent and agree to act in th visions of all statutes relative to the proper and complete performance	us capacity, of my duties	I further a s, and I am	gree to c familiar	omply with an	with the d accept
the ob to mer	visions of all statutes relative to the proper and complete performance obligations of my position as registered agent as provided for in Chapt nerely reflect a change in the registered office address. I hereby confirmified in writing of this change.	ter 605, F.S. m that the li	. Or, if this mited liabil	documently comp	nt is be. any has	ing filêd Sheen
попре	ijiea in writing of this change.			•		
Signati	nature of Registered Agent					