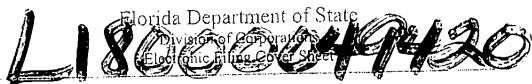
To: 18506176383 From: 19165767051 Date: 01/27/20 Time: 10:22 AM Page: 02/03

12/9/2019

Division of Corporations



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LLC REGISTERED AGENT CHANGE R2 RINALDI ROLSTON INVESTMENTS LLC

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H190003552693

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	R2 RINA	LDI ROLSTO	N INVESTMEN	TS LLC_	
	7500 COLLING AVENUE PE	11207				
2. (a)	Principal office address of limited (Note: MUST BE STREET	liability company: ADDRESS)	i	Asiling address of fimited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI BEACH, FL 33141					
	L18000049420					
3.	Date of filing/registration i	n Florida	4,	Document number		
5. (a)	LEGALING CORPORATE SE	ERVICES INC.				
	Registered Agent and Registered Office sho	own on the records of	f the Florida Dept of State	- ≅: ഗ		
	5237 SUMMERLIN COMMO				7020	
	Registered Office Address (MUST BE	FI.ORIDA STREET	ADDRESS)	I REIX	2020 JAN 27	
	FORT MYERS	, F:	33907	ECRETARY OF S TALLAHASSEE,	27 AM	
	ROCKET LAWYER CORPO	RATE SERVIC	ES LLC	E, F	in c	
	Enter name of NEW Registered Agent and	for NEW Registered	d Office address:	LAK	5	
	155 OFFICE PLAZA DRIVE,	1ST FLOOR				
	NEW Registered Office Address:					
	TALLAHASSEE	FI	32301			
he cha gunt w	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a creationized by an affirmative vote cles of sugarization, the operating	ized under the far street address of Florida limited li- of the members of agreement of the	ws of the State of Flo f the registered office ability company, it is of the limited liability	rida, it is hereby confirm and the business office of bereby confirmed that if company or as otherwise pany.	of the registere he change(s)	
	ure of a member in authorized representative		***************************************	Printed or typed name of vigo		
rovisio he obli narc	ny accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change by the registered in writing of this change.	red agent and agnorer and complete agent as provide office address, I	ree to act in this capa performance of my d d for in Chapter 605, hereby confirm that t	city. I further agree to c luties, and I am familiar F.S. Or, if this docume he limited liability compo	comply with the with and accep nt is being filed any has been	
Ferbilis	of Regimeroclysgeni	5				
	Division of Corp.	errations P.O. 1	Box 6327¢ Tallahass	ec, FL 32314		

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FILING FEE: \$25.00