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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rubin Group Management, UC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roman Rubin Name of Person
Rubin Group Management Firm/Company
455 NW 35th gt. #103
Boca Raton FL 33434 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaven Rubin at 561, 715-3924 Name of Person 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 amount:
\$25 Filing Fee \$25 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.

l. Na	ame of the limited liability company: Rubin Grow Management, CCC
2. (a)	455 NW 35th 87 # 103 (1) 455 NW 35th 87 # 103
	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Dola Ratin PC 33931 Bola Ratin FC
	3343)
	Aphtolizar 5/29/18 L18000132492
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Rubin Group Real Estade, ELC
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	455 NW 352 St, Soik 103 Boca Rotton, FC 33451
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	A CONTRACTOR OF THE PROPERTY O
	FL S S S
(b)	Ronen G. Rubin
(1)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	——————————————————————————————————————
	NEW Registered Office Address:
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered
was/we	vill be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization of the operating agreement of the limited liability company.
	ure of a member or authorized representative of a member Ronen G. Robin Printed or typed name of signee
provision the oblination to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as privided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
	2 / Ch.
សត្វោរយោ	e of Registered Agent