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Special Instruct	tions to Filing Officer:	··
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COVER LETTER

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TO: Registration Section Division of Corporations

RONRUSS RAFFAELLO HOLDINGS, LLC

SUBJECT:

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:

RITA M JONES

Name of Person

C/O CRESCENT HEIGHTS

Firm/Company

2200 BISCAYNE BOULEVARD

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

RJONES@CRESCENTHEIGHTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL JANECEK	305 at (374-5700		
Name of Person	\	Area Code & Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

a) _	ame of the limited liability company:			2200 BIS	00 BISCAYNE BOULEVARD		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	MIAMI, FLORIDA 33137			MIAMI, FLORIDA 33137			
			i	.18000155	5884		
	Date of filing/registration in Florida	a 4.	-		Document number	· · · · · · · · · · · · · · · · · · ·	
a)	JUNE 26, 2018						
,	Registered Agent and Registered Office shown on the JONATHAN NEWBERG	e records of the Flo	orida	Dept. of Sta			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) C/O CRESCENT HEIGHTS - 2200 BISCAYNE BOULEVARD			_	2020 (
	PLANTATION	, FL	24		_	2020 OCT - 1	
))	JONATHAN B NEWBERG						
''	Enter name of NEW Registered Agent and/or NEW	Registered Offic	<u>e a</u> do	ress:	_	NII 9:	
	C/O CRESCENT HEIGHTS				_	9:05	
	NEW Registered Office Address:						
	2200 BISCAYNE BOULEVARD				**		
	MIAMI	, FL	37				
ige it w we artic		ress of the regis limited liability nembers of the ent of the limit	tere / COI limi ed li	d office an npany, it i ted liabilit ability cor	id the business office of is hereby confirmed that ty company or as otherw npany. gro, Treasurer	the registered the change(s) ise provided in	
	use of a member of Authorized representative of a mer			ter data i	Printed or typed name of sig	•	
isie ibli ere	by accept the oppositement as registered ager ons of all statutes pelative to the proper and igations of my position as registered agent a dy reflect a charge in the registered office a l in Miting of this change	nt and agree to complete perfa is provided for ddress, I héreb	act ima in C y co	in this cap nce of my hapter 60: nfirm that	acity. I further agree to auties, and I am familia 5. F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been	

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

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