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COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: RACHMANNANOFF, INC. Name of Limited Liability Company		
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	he following:	
KENNEAL HARREG. Name of Person	<u>4</u> 5	
RACHMANDANOFF, IN Firm/Company	$\underline{\mathcal{K}}$.	
13918 SW 152nd St., Address	<u> #</u> 372	
Miami, FL 33177 City/State and Zip Code		
RACHMANNANOFF & GMAIL, COH E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (305) 537-6349 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	
• • • • • • • • • • • • • • • • • • •	Division of Corporations	
- ···· •	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
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.

1. Na	me of the limited liability company: RACHMANNANOFF, THE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 13918 SW 152 of St. # 327 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	miami, FL 33177 miami, FL 33177
2	11/19/2018 118000246938
3. 5. (a)	Date of filing/registration in Florida 4. Document number Kenneal K. Harrigan Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Menneal Harrigan Enter name of NEW Registered Agent and/or NEW Rogistered Office address:
	13018 Sw 152nd St. NEW Registered Office Address:
	miami ,FL 33177
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Henneal Havvisah 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 gations of my position as registered agent as provided 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.
Signature	e of Registered Agent
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00