L19000 189852

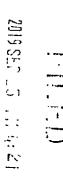
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	Registration Section Division of Corporations				
TRBC, LLC SUBJECT:					
3023		ne of Limited Liability Company			
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the following:			
Tali Ra	aphaely				
	Name of Person				
TRBC,	LLC				
	Firm/Company				
68 SE	6th Street #3511				
	Address				
Miami,	FL 33131				
	City/State and Zip Code				
trapha	ely7@yahoo.com				
E-1	mail address: (to be used for future ann	ual report notification)			
For furth	her information concerning this matter.	please call:			
Tali Ra	phaely	443 794-4717			
	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	☐ \$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. Na	ame of the limited liability company: TRBC,LLC		
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	68 SE 6th Street #3511	68 SE 6	th Street #3511
	Miami, FL 33131	Miami, F	FL 33131
	8/5/19	L190000	189852
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	_ e:
	Corporation Service Company		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-
	1201 Hays Street		
	Tallahasee	32301	2319
	···		
(b)	Tali Raphaely		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		!
	Tali Raphaely		
	NEW Registered Office Address:		<u> </u>
	68 SE 6th Street #3511		_
	Miami , FL	33131	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered office ability company, it i of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Tali Raphael	
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I it in writing of this change.	ree to act in this cap performance of my d for in Chapter 603 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signatur	re of Registered Agent		