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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE RAYAN AND FAMILY BIZ LLC

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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.

Floria			
1. N	ame of the limited liability company: RAYAN	AND FA	MILY BIZ LLC
2. (a)	101 NE 3RD AVE	(b) 200	00 PONCE DE LEON BLVD STE 6
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1500	ST	E 600
	FORT LAUDERDALE, FL 33301	CORAL GABLES, FL 33134	
	12/20/2019	L20	000002416
3.	Date of filing/registration in Florida	4.	Document number
	UNITED STATES CORPORATION AGENT	S. INC.	
5. (a)	Registered Agent and Registered Office shown on the records of		of State:
	10500 N.W. 26th St.		~.3
	Registered Office Address (MUST BE FLORIDA STREET		
	Ste A-101		ZOZO DEC 2
	Doral, FI	33172	2
(b)	Registered Agents Inc.		C21 AH 9: 19
(-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	严重 完
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, F	L <u>33702</u>	
the chagent was/v	limited liability company is not organized under the la tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited by were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered hability compar- of the limited le limited habili	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
<u>Z:</u> Sien	ature of a member or authorized representative of a member	Riley Pa	Printed or typed name of signee
I her provi- the ob- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	e performance led for in Chavi	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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

Signature of Registered Agent