121000007085

(Requestor's Name)								
(Address)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Duninger Entity Name)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
,								
Special Instructions to Filing Officer:								

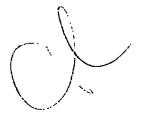
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	CT: 4RC.IO LLC							
		Name of Limited	Liability Company	-	_			
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concernin	g this matter to the	e following:					
Meliss	a Jones							
	Name of Person							
ZenBus	siness Inc.				2[
	Firm/Company				122 JI	S mathe		
336 E.	College Ave. Suite 301			MESSEE FE	2022 JUL 1 I	: ::::::::::::::::::::::::::::::::::::		
	Address			inc E	R	j		
Tallaha	ssee, FL 32301				2. 8:			
	City/State and Zip Co	de			6			
ra@zer	business.com							
E	-mail address: (to be used for future	annual report not	ification)					
For fur	ther information concerning this ma	itter, please call:						
Meli	ssa Jones	844 at (493-6249)					
	Name of Person		Area Code & Daytime Tele	phone Numl	pet _			
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahasse	-				
	Tallahassee, FL 32314		2415 N. Monroe Street.	Suite 810				
			Tallahassee. FL 32303					
	Enclosed is a check for the follow	ving amount:						
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Cop	y				

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. N	Name of the limited liability company: 4RC.IO LI	LC						
2. (a)	777 DDICKELL AVENUE	,	_{b)} 777 Bl	RICKELL AV	/ENUE			
z. (a,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	· -	Tailing address of limited (Note: MAY BE POST		•		
	#500-96007		#500-9	96007				
	MIAMI, FL 33131	<u> </u>	MIAMI	, FL 33131				
	12/29/2020	_	L21000	007085				
3.	Date of filing/registration in Florida	4.	Ţ	Document number				
5. (a	Registered Agents Inc.							
`	Registered Agent and Registered Office shown on the records of t	he Florio	la Dept. of State:					
	7901 4th St N							
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE	:2)	_,	202			
	STE 300				2022 JUL			
	St. Petersburg , FL	33702		3 · · · · · · · · · · · · · · · · · · ·		्राह्म 		
(b	ZenBusiness Inc			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	AH .			
	Enter name of NEW Registered Agent and/or NEW Registered	ddress:	=======================================		250			
	336 E. College Ave.				· on			
	NEW Registered Office Address:							
	Suite 301		<u> </u>					
	Tallabassee , FL	32301						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.								
	Reuben Firmin	R	euben Firi					
I hav	reby accept the appointment as registered agent and agressions of all statistics relative to the proper and complete bligations of my position as registered agent as provided arely reflect a change in the registered office address, I have of Registered Agent	ee to ac perform i for in vereby (et in this cana	Printed or typed name of city. I further agree uties, and I am famil F.S. Or, if this document limited liability co	to comply w	ith the accept g filed been		