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



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	COVER LETTER
TO: Registration Section Division of Corporations	
RB Realty Holdings LLC	
SUBJECT:	N. Clinia II. 199. C
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regist	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Raphael Benaroya	
Name of Pers	on
RB Realty Holdings LLC	
Firm/Compar	ly
2000 Island Blvd, Apt. 2709	
-	
Address	
Aventura, FL 33160	
City/State and Zi	Code
aviva.rbinc@gmail.com	
E-mail address: (to be used for f	ature annual report notification)
For further information concerning thi	s matter, please call:
Raphael Benaroya	201 937-2712
Name of Person	at ()
	Alea Code & Daytine Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
1 analiassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the fe	llowing amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
	— was rining rec & certified copy
INH\$18 (2/14)	1

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 com	RB Realty Holding	gs LLC		
2.	(a)	2000 Island Blvd		(b)	2000 Island	d Blvd
2 . (u)		Principal office address of br (Note: MUST BE ST)		_ (' '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Apt. 2709			Apt 2709	
		Avetura, FL 33160		_	Aventura, F	°L 33160
		11/09/2021		I	.2100047968	89
3.		Date of filing/registra	ition in Florida	4.		Document number
5.	(a)	United Corporate Services				
٠.	(ω)	Registered Agent and Registered Of	fice shown on the records of the	he Florida	Dept. of State	:
						.c. 2
		<u> </u>	<u>T BE FLORIDA STREET A</u>	DDRESS)		022
		3458 Lake Shore Drive				
		Tallahassec	हा	32312		ELLED 2022 OCT 17 AM IO: 3
			, , , , , , , , , , , , , , , , , , ,			(() () () () () () () () () (
	(b)					i o
		Enter name of NEW Registered Age	ent and/or <u>NEW Registered</u>	Office add	ress:	AN 10: 36
		Raphael Benaroya				
		NEW Registered Office Address:	_			
		2000 Island Blvd, Apt 2709				
		Aventura	, FL	33160		
16.	ha li	mitad liability company is not	and an the level	a of the f	State of Flor	mide it is hought, som formed that after the
cha age wa	inge ent w s/we	or changes are made, the Flori vill be identical. Or, in the case	ida street address of the re of a Florida limited hale vote of the members of	registered bility cor f the limi	l office and npany, it is ted liability	rida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
		Mapliceel 1			ael Benaroya	•
S	ignat	ture of a member or authorized representation	entative of a member			Printed or typed name of signee
I h pro the to i	erel ovisio obli nere	by accept the appointment as re ons of all statutes relative to th igations of my position as regis ely reflect a change in the regis	egistered agent and agre egistered agent complete p stered agent as provided stered office address, I ha	e to act i performa for in Ci ereby coi	n this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent