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| PICK-UP | ■ WAIT | MAIL | | | |
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| (Bu | siness Entity Nam | ne) | | | |
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| Certified Copies | Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corpora | | | | | | |
|----------|--|---------------------|---|--|--|--|--|
| SUBJE | RICH INSIGH | T SHOPS LLC | | | | | |
| 50001 | Name of Limited Liability Company | | | | | | |
| Dear Si | r or Madam: | | | | | | |
| The end | closed Registered Ag | ent/Registered Off | ice Change a | nd fcc(s) are submitted for filing. | | | |
| Please i | return all corresponde | ence concerning th | is matter to the | he following: | | | |
| BASER | VA, FRANCISCO | | | | | | |
| | Nai | ne of Person | | | | | |
| | Fin | n/Company | | | | | |
| 518 NE | 71ST STREET | | | | | | |
| | A | ddress | | | | | |
| МІАМІ | , FL 33138 | | | | | | |
| | City/Sta | ate and Zip Code | · · · · - · · · · · · · · · · · · · · | | | | |
| RICHIN | RSIGHTSHOPS@GM/ | VIL.COM | | | | | |
| E | -mail address: (to be | used for future ani | nual report no | otification) | | | |
| For furt | ther information cond | erning this matter. | , please call: | | | | |
| FRANC | CISCO BASERVA | | 305 at (| 720-5145 | | | |
| | Name of Pe | rson | \ | Area Code & Daytime Telephone Number | | | |
| | Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32 | rations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclosed is a check | k for the following | g amount: | | | | |
| | ■ \$25 Filing Fee | | ٥ | \$55 Filing Fee & Certified Copy | | | |
| INHS18 | 3 (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.

| . (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) | | |
| | 518 NE 71st Street Miami, FL 33138 | | 518 NE 7 | 71st Street Miam | i, FL 3313 | 8 | |
| | 11/30/2021 | _ | L2100050 | 7189 | | | |
| • | Date of filing/registration in Florida | 4. | | Document nu | ımber | | |
| . (a) | Registered Agent and Registered Office shown on the records of | | | | | | |
| | | the Flor | ida Dept. of St | ate: | | | |
| | BASERVA, FRANCISCO | | | _ | | | |
| | Registered Office Address (MUST RE FLORIDA STREET) 4300 BISCAYNE BLVD SUITE 203 | <u> 1DDRE</u> | <u>(SS)</u> | | | | |
| | MIAMI . FL | 33137 | | | TĂĽ. | 2023 | |
| (b) | | | | | AHA | 2023 DEC : | |
| ν- , | Enter name of NEW Registered Agent and/or NEW Registered | | address: | | 33.55 - 1. | 7-7 | |
| | BASERVA, FRANCISCO | | | _ | ÄHASSEE, FLORIDA | PM 4: 03 | |
| | NEW Registered Office Address: | | | | 7018 3115 | 03 | |
| | 518 NE 71st Street | | | | | | |
| | Miami , FL | 33138 | | _ | | | |
| hange gent v as/we | imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registe bility of the l | ered office a company, it imited liabil | nd the business is hereby confi ity company or | s office of irmed that | the re | gistered nange(s) |
| | J. Myelly | FI | RANCISCO I | | | | |
| | tire of a member or authorized representative of a member | | | Printed or type | | | |
| rovisi 1e obl 5 mere | by liccept the appointment as registered agent and agr ons of all statutes relative to the proper and complcie igations of my position as registered agent as provided ely reflect a change in the registered office address, I i d in yriting of this change. | ce to a perfor l for ir iereby | ct in this ca mance of my Chapter 60, confirm tha | pacity. I furthey duties, and I a)5, F.S. Or, if t t the limited lia | r agree to im familio his docun ibility con | o comp ir with nent is npany i | ly with the and accep being filed has been |
| | re of Registered Agent | | | | | | |

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