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PICK-UP	MAIT	MAIL	
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JUN 04 2013 D. BRUCE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: RAZA 1 INVEST	MENTS, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 3802 Knickerbocker Place, Apt 2T Indianapolis, IN 46240		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3802 Knickerbocker Place, Ap Indianapolis, IN 46240	t 2T	
09/10/2012	M12000005070		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	t. of State	e:
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street		
	Tallahassee, FL 32301-2525		23
			-
(b) Enter name of NEW Degistered Agent and/or NEV	V Degistered Office address	<u>5</u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address	t	l gran
NEW Registered Agent:	Shai Allouche	777	ယ နု
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2346 Winkler Ave #J105	<u></u>	7
(MEGO BE THOMAS HOLDE TO BE TO	Fort Myers	.≕FL-339	<u>** </u>
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the regical. Or, in the case of a Flori	istered of da limite	ffice d
Shai Allouche, Member	•		
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is heing filed to me address, I hereby confirm that the limited liability company By:	gree to act in this capacity. I per and complete performant sition as registered agent as p ely reflect a change in the re has been notified in writing t	further a ce of my d provided j gistered o of this ch	gree to duties, for in office ange,
Signature of Registered Agent Shai Allouche			

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