M2000050

(Re	questor's Name)	***	
(Ad	dress)		
(Ad	ldress)	<u></u>	
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
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. (Do	cument Number)		
Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:		

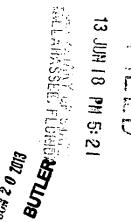
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi liabil agent	uant to the provisions of sections 608.416 or 608. ity company submits the following statement in ord , or both, in the State of Florida.	508, Florida Statutes, the er to change its registered	undersigned d office or i	ed lim registe	iited ered
1. Na	ame of the limited liability company: RAZA 1 INVES	TMENTS, LLC	1-1- E	<u>.</u>	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 2346 Winkler Ave #J105 Fort Myers, FL 33901		8	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2346 Winkler Ave #J105 Fort Myers, FL 33901	1000	্	<u>;</u>
09/10	//2012	M12000005070			
3. Da	ate of filing/registration in Florida	4. Document number			
5. (a	Registered Agent and Registered Office shown on	the records of the Florida	Dept. of Sta	ite:	
	Registered Agent:	Corporation Service Comp	any		
	Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Shai Allouche	ress:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2346 Winkler Ave #J105			<u> </u>
		Fort Myers	,FL_ <u>33</u>	901	
liabili the m the or	limited liability company is not organized under the rmed that after the change or changes are made, the Fne business office of the registered agent will be iden ity company, it is hereby confirmed that the change(s embers of the limited liability company or as otherw perating agreement of the limited liability company.	laws of the State of Florida lorida street address of the tical. Or, in the case of a F) was/were authorized by a ise provided in the articles	a, it is hereb registered Florida limit in affirmativ of organiza	office ted ve vot tion o	e of or
Signatu	re of a member or authorized representative of a member	_			
Shai A	Allouche, Member				
I here compland I complete the	or typed name of signee gby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company re of Registered Agent Shai Allouche	- gree to act in this capacity oper and complete perform sition as registered agent to rely reflect a change in the v has been notified in writi	i. I further in ance of my as provided iregistered ing of this cl	agree duties for in office tange	10 s,

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