

**M12000005458**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H25000166276 3)))



H250001662763ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC  
Account Number : I20070000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
RASKIN GLOBAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2025 MAY -7 PM 3:07

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2025 MAY -7 AM 11:43

FILED

Fax Audit #H25000166276 3

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Raskin Global LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ursula Atkinson

Name of Person

Koutoulas & Relis LLC

Firm/Company

777 Yamato Road Ste 100

Address

Boca Raton, FL 33431

City/State and Zip Code

info@krcpas.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ursula Atkinson

Name of Person

954

at ( )

332-1345

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

Fax Audit #H25000166276 3

# 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. Name of the limited liability company: Raskin Global LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
6919 SW 18th Street, Ste C236  
Boca Raton, FL 33433
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
6919 SW 18th Street, Ste C236  
Boca Raton, FL 33433
3. 09/28/2012 Date of filing/registration in Florida
4. M12000005458 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Bill Lapis  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1101 Holland Drive Unit 16  
Boca Raton, FL 33487
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
6919 SW 18th Street, Ste C236  
Boca Raton, FL 33487

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.

Signature of a member or authorized representative of a member

Bill Lapis, Managing Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

5-6-2025

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

FILED  
2025 MAY -7 AM 11:43  
TALLAHASSEE, FLORIDA