

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE RANNEL HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## 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. N	1. Name of the limited liability company: RANNEL HOLDINGS, LLC				
2. (a)	700 NW 107TH AVE	(b)	700 N.V	. 107th Avenue	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 400		Suite 40	0	
	MIAMI, FL 33172		Miami, l	FL 33172	
	11/14/2013	N	11300000	7227	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number	
J. (4)	Registered Agent and Registered Office shown on the records of t	he Florida D	epi. of St	ite.	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		2020 . F.	
	PLANTATION, FL	33324		<u>-</u>	
(a)	Corporate Creations Network Inc.			27	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		P :		
	801 US Highway 1				
	NEW Registered Office Address.		-		
	North Palm Beach , FL	33408			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the liab	registered bility comp the limite imited liab	office ar pany, it i d liability oility cor	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
Signat	ure of a member of authorized representative of a member			Printed or typed name of signee	
provisio the obli to mere	by accept the appointment as registered agent and agreen of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erformand for in Che ereby conf	this cap se of my apter 60: irm that	acity. I further agree to comply with the duties, and I am familiar with and accept S.F.S. Or, if this document is being filed the limited liability company has Eeen	
Signatur	Danielle Gossman, Special Secreta	гу			

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