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(((H180001294063)))



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## REGISTERED AGENT CHANGE RUBY RIVER INVESTMENT CORPORATION

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APR 2 5 2018

S. YOUNG

CR2E045 (03/12)

## (((H18000129408 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida	_
in order	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	the corporation. RUBY RIVER INVESTMENT CORPORATION	<u> </u>
<ol> <li>The name of a</li> <li>The principal of</li> </ol>	COED NIM SETH AVENUE	
z. The principal (	MIAMI, FLORIDA 33147	
3. The mailing ac	address (if different):	
1. Data of incom	poration/qualification: 02/19/2002 Document number: P02000019101	
5. The norms and	d street address of the current registered agent and registered office on file with the	
Florida Depari	riment of State: (If resigned, enter resigned)	00
	LAMONT & NEIMAN, P.A.	AP 20
	100 N. BISCAYNE BLVD, SUITE 801	24
	MIAMI, FLORIDA 33132	<u> </u>
6. The name and (if changed):	id street address of the new registered agent (if changed) and /or registered office	9: 07
	NEIMAN & INTERIAN, PLLC	
	2020 PONCE DE LEON BLVD, SUITE 1005B	
	P.O. Box NOT acceptable CORAL GABLES, FLORIDA 33134	
as changed will		gent,
Such change wa	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
ML	Abraham Salstein, Director	
	ture of an officer or director Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as registere  his document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	d
Sig	ignature of Registered Agent Date	<u></u>
If signing on be	ochalf of an entity:	
Alberto Inte	terian, Manager	
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
·M	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

(((H18000129406 3)))