## PD7DD0129/48

(Re	equestor's Name)					
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	<b>→</b> #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
	··					
	•					
		·				

Office Use Only



200166334042

01/19/10--01021--012 \*\*35.00

TALLAHASSEE FLETTON

RARDONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: RB DISTRIBUTOR, CORP.  Name of Corporation							
DOCUMENT NUI	мвек: Р0700	0129168					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
MS ARILDA BARNUEVO							
-	Name of Conta	ct Person					
	Firm/Com	pany					
	9755 NW 52ND STF	REET; STE 211					
	Addres						
	DORAL, FL City/State and	33178					
	City/State and	Zip Code					
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
· <del></del>		at () Area Code & Daytime Telephone Number					
Nam	ne of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

## . . . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	•		97.1508, or 617.1508, Flor under the laws of the State	_
			agent, or both, in the State	
1. The name of the	ne corporation: RB DI	STRIBUTOR,	CORP.	
•	<del>-</del>		; UNIT E-5; MIAMI, F	L 33126
3. The mailing ac	ddress (if different): SA	ME		
4. Date of incorp	oration/qualification:	12/03/2007	_ Document number:	P07000129168
	street address of the cur ment of State: (If resign		and registered office on fil	e with the
	RICARDO J. BRAV	/0		
	8181 NW 8TH STF	REET; UNIT E-5		
	MIAMI, FL 33126			TARES
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or registere	10 JAN 19 PH 3: 09
	ARILDA BARI	NUEVO		
	9755 NW 52ND S1			بي َ
	DORAL, FL 33178	P.O. Box NOT acc	eptable	9
			0.1 1 1 00	
			ress of the business office	
Such change wa authorized by th	is authorized by resolutive board, or the corrioral	on duly adopted by ion has been notific	its board of directors or ted in writing of the change	by an officer so e.
<b>Som</b> tur	or an officer of director		RICARDO J. BRAV	O, PRESIDENT
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg o comply with the provi d I am familiar with an ng filed merely to reflec been notified in writing	istered agent and as sions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	, d complete performance stered agent. Or, if this hereby confirm that the
Çiq.	10 acuser	<u> </u>	12/28/20 Date	009
·	nature of Registered Agent half of an entity:		Date	
	N/A			
T	yped or Printed Name	<del></del>		

\* \* \* FILING FEE: \$35.00 \* \* \*