## P12000C47315

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Ree Corporation Name of Corporation	·					
DOCUMENT NUMBER: P12000047315						
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:					
Michelle Sebree						
Name of Contact Person						
Ree Corporation						
Firm/Company						
P.O. Box 141494						
Address						
Coral Gables, FL 33114						
City/State and Zip Code	<del></del>					
masebree@lfiplaw.com						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please of	eall:					
Michelle Sebree	at (305 )598-2255  Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Depart	ment of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

CR2E045 (04/13)

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

	inge is submitted for a corporation organ er to change its registered office or regist			
i. The name of	the corporation: Ree Corporation			
2. The principal	office address: 6201 SW 122 Avenue, Mia	ami, FL 33183	_	
3. The mailing a	address (if different): P.O. Box 141494, Co	oral Gables, FL 33114		
4. Date of incorp	poration/qualification: 05/21/2012	Document number:	P12000047315	
	d street address of the current registered a rtment of State: (If resigned, enter resigned	-	on file with the	
	Diane M. Annesser			
	9245 S.W. 157 Street, Suite 210			
	Palmetto Bay, FL 33157			2020 HAR
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or reg	istered office	2020 MAR - 9 P
	Michelle Sebree			P
	6150 SW 120 Avenue			<del>-</del> -
	P.O. Bu	x NOT acceptable		75
	Miami, FL 33183			
The street addresses changed will	ess of its registered office and the street be identical.	address of the business of	office of its registered	l agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors of the chiffed in writing of the ch	or by an officer so lange.	
Hichell	- Subsot	Michelle Sebree		
Signatu	re of an officer or director	Printed or typed		
I hereby accept I further agree , of my duties, an docúment is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change	nd agree to act in this cap utes relative to the prope igation of my position as he registered office addre.	acity. r and complete perfo registered agent. O. ss, I hereby confirm t	rmance r, if this that the
Placelell	L. Salone	02/19/2020		
Sig	nature of Registered Agent	Da	Te .	
If signing on be	half of an entity:			
T	yped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)