## P13000052726

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

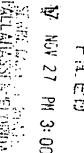
Office Use Only



700305913777

11/27/17--01014--005 \*\*35.00

NOV 2 8 2017 3. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: R.A.R.E. Cabirets Inc.  Name of Corporation
DOCUMENT NUMBER: 01300052726
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:
Name of Contact Person
Firm/Company
613 MAJONA AVENUE
Alfamonte Springs, FL 32.714 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Nocl Dowling at (407) 790 Jul 7  Name of Contact Person at 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

Pursuant to the provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: R.A.R.E. Clibinets, Inc.
2. The principal office address: Le/3 MAJORA TVENU
Altamonte Spy0, Tr 32714
3. The mailing address (if different):
4. Date of incorporation/qualification: $6/18/3013$ Document number: $91300053726$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Dirabeth Acce Lounce
CO13 MAJORCA AVENUE
Altamente Springo, FZ 30714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Noe! Dowling III By B B
P.O. Box NOT accordable
Althorite Springs, Fr. 32714
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Mal Bould Noel B. Davinst
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
11/22/2017 Signature of Registered Agents  Date  Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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