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S. YOUNG

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

statement of ch	lange is submitted for a corpo	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of Indiana
	f the corporation: R & R QUA	ffice or registered agent, or both, in the State of Florida.
	•	
2. The principa	al office address; 024 02 st ap	pt 2 MIAMI beach, FL 33141
3. The mailing	address (if different): 824 82	st apt 2 MIAMI beach, FL 33141
4. Date of inco	rporation/qualification: 02/19	9/2014 Document number: P14000015734
5. The name ar Florida Depart	nd street address of the current artment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)
	juan r llopis	
	824 82 st apt 2	. enter resigned) 220 JUL 24
	MIAMI beach, FL 33141	
6. The name an (if changed):	ad street address of the new re	egistered agent (if changed) and /or registered office $\frac{1}{2}$ ω
	Northwest Register	red Agent LLC
	7901 4th St N STE 30	o
	0. 5	P.O. Box NOT acceptable
	St. Petersburg FL 3	33702
The street addr as changed wil	ress of its registered office ar I be identical.	nd the street address of the business office of its registered agent,
Such change wathorized by t	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Juan R	2 Llopis	Juan R Llopis, President Printed or typed name and title
i juriner agree performance of avent. Or, if th	to compty with the provision f my duties, and I am familia its document is being filed m	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ir with and accept the obligation of my position as registered nerely to reflect a change in the registered office address, I en notified in writing of this change.
lon	Glove	07/24/20
Signature of Registered Agent		Date
lf signing on be	chalf of an entity:	
Tom Glove	er	
Т	yped or Printed Name	

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