(Requestor's Name)	900299531649	
(Address) (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
· · ·	RECEIVED	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 656504 8137963 AUTHORIZATION : Journal Cost LIMIT : \$35.00 ORDER DATE : May 24, 2017

ORDER TIME : 3:59 PM

ORDER NO. : 656504-005

CUSTOMER NO: 8137963

CHANGE OF AGENT

NAME: RBM EQUITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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

1. The name of the corporation: RBM EQUITIES, INC.

2. The principal office address: 212 North 9th Street Apartment 6A, Brooklyn, NY 11211

4. Date of incor	poration/qualification: 05/18/2017 Document number: P17000	0045023
	street address of the current registered agent and registered office on file with trent of State: (If resigned, enter resigned)	h the
	Corporation Service Company	
	2711 Centerville Road, Wilmington, DE, FL. 19808	
5. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offi	ice 1
	Corporation Service Company	سسم دریه ۲ به رسی ک
	1201 Hays Street, Tallahassee, FL 32301	
	P.O. Box NOT acceptable	

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.

ture of an officer or director

Ryan B. Moore

Printed or typed name and title

Date

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.

Signature of Registered Agent

05/24/2017

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)