Paa00008H19

(F	Requestor's Name)		
(<i>F</i>	Address)		
(<i>F</i>	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE JAN 13 2025		

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COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ Name	ECT: RAKRA CORP. of Corporation	
DOCU	JMENT NUMBER: P22000087419	
The er	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	sis matter to the following:
	o Escobar	
	of Contact Person	
	a Companies Services LLC Company	
	Biscayne Blvd Suite 800-37	
Addre	-	
	Miami FL. 33181	
	tate and Zip Code	
·	patricio@escobar.com	
E-mai	il address: (to be used for future annu	al report notification)
For fu	rther information concerning this matter	. please call:
Patrici	o Escobar	at (917)3706565 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to th	ne Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

•	•	17,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of <mark>Florida</mark>	
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: RAKRA CORP.		
2. The principal office address: 12550 Biscayne Blvd Suite 800-37, North Miami FL, 33181			
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 11/22/2022	Document number: P22000087419	
5. The name and		tered agent and registered office on file with the	
	Cross Street Corporate Services, LI	C	
	50 Central Avenue, 8th Floor, Saras	sota, , FL, 34236	
6. The name and (if changed):	ed agent (if changed) and /or registered office		
	12550 Biscayne Blvd Suite 800-37.	North Miami FL. 33181	
		North Miami FL. 33181	
as changed will	be identical.	street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly a board, of the corporation has b	idopted by its board of directors or by an officer \$6 een notified in writing of the change.	
	leu faifant	Martín Krauss DPST	
I hereby accept I further agreed of my duties, in document is bei	to commit with the movinions of a	rent and agree to act in this capacity, all statues relative to the proper and complete performance the obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the hange.	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Patricio Escobar			
ı,	yped or Printed Name	-	

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