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

ACCOUNT NO. : I2000000195 REFERENCE: 891956 4384197 AUTHORIZATION COST LIMIT ORDER DATE: October 31, 2017 ORDER TIME : 3:46 PM ORDER NO. : 891956-075 CUSTOMER NO: 4384197 _____ CHANGE OF AGENT NAME: REIMS TRADING, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT#

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

	- · ·	7.0502, 607.1508, or 617.1508, Florida Si	
· ·	-	rganized under the laws of the State of $_$ egistered agent, or both, in the State of Fl	
			07 ma.
1. The name of	the corporation: REIMS TRADING.	NC.	
	office address: C/O Rimmon Manag	pement LLC	
	Street, Miami Beach, FL 33140		
	address (if different): C/O Rimmon M	lanagement LLC	
	6481, Surfside, FL 33154		
4. Date of incorp	poration/qualification; 05/12/1998	Document number: P9800004	2826
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the
	CF Registered Agent, Inc.		
	100 S. Ashley Drive, Suite 400		
	Tampa, FL 33602		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	ELECT 31
	Corporation Service Company		田山 王 回
	1201 Hays Street		0 9
		NOT acceptable	OA T
	Tallahassee	FL 32301	
		rect address of the business office of its	
Such change wa authorized by th	as authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an of n notified in writing of the change.	ificer so
/X	REVARET	Ricardo A. Nevarez, President	
Systatu	re of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if the hereby confirm	my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi	at and agree to act in this capacity, statutes relative to the proper and comp and accept the obligation of my position a reflect a change in the registered office ied in writing of this change.	as registered
By: V U	on Service Com pa ny	10/21/2017	Asst. Vice Presider
	attire of Registered Agent	Dale	
If signing on be	half of an entity:	·	
	yped or Printed Name		
1)	•	FEE: \$35.00 * * *	

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

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