V10988

(Req	uestor's Name)			
(Address)				
(Address)				
(/ 100	(033)			
(City)	/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bus	iness Entity Nam	ne)		
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/Dec	ument Number)			
(DOC	ument Number)			
Certified Copies Certificates of Status				
Special Instructions to F	ilina Officer			
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Office Use Only



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C. GOLDEN NOV 01 2017 CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195 REFERENCE: 891956 4384197 AUTHORIZATION COST LIMIT : ORDER DATE: October 31, 2017 ORDER TIME : 3:41 PM ORDER NO. : 891956-070 CUSTOMER NO: 4384197 CHANGE OF AGENT NAME: REIMS 4649, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

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

statement of	f change is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of e or registered agent, or both, in the State of 2	Florida	this
	of the corporation: REIMS 4649, I			
2. The princi	ripal office address: C/O Rimmon M	Management LLC		
	11st Street, Miami Beach, FL 3314			
3. The maili	ng address (if different): C/O RImn	non Management LLC		
	Box 6481, Surfside, FL 33154		•••	
4. Date of in	corporation/qualification: 02/24/1	Document number: V16988		
	and street address of the current re epartment of State: (If resigned, en	egistered agent and registered office on file water resigned)	rith the	
	CF Registered Agent, Inc.			
	100 S. Ashley Drive, Suite 40	00	4 20	2917
	Татра, FL 33602			001
6. The name (if changed		stered agent (if changed) and /or registered of	fice	FILED 2017 OCT 3 1 AM 10: 3
	1201 Hays Street	<u>y</u>	Er): 37
	···	O. Box NOT acceptable	,	
	Tallahassee	FL 32301	-	
The street ad as changed v	ddress of its registered office and will be identical.	the street address of the business office of it	s registere	ed agent,
Such change authorized by	was authorized by resolution duly the board, or the corporation ha	ly adopted by its board of directors or by an is been notified in writing of the change.	officer so	1
B	Herange .	Ricardo A. Nevarez, Director		
Ø1g:	gnature of an officer or director	Printed or typed name and titl	le .	
I further agra performance agent. Or, if here <u>by c</u> onfü	ee to comply with the provisions of my duities, and I am familiar with this document is being filed mere	l agent and agree to act in this capacity. of all statutes relative to the proper and com with and accept the obligation of my position ely to reflect a change in the registered offic notified in writing of this change. Date	n as registe ce address,	tered s, I Roxanne Turner sst. Vice Presider
If signing on	behalf of an entity:	•		
	Typed or Printed Name	_		
	* * * *	LING FER: \$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)