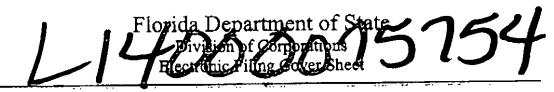
Division of Corporations



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(((H18000209423 3)))



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: DELOACH, HOFSTRA & CAVONIS, P.A. Account Name

Account Number : I19990000123 Phone

: (727)397-5571

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8

LLC REGISTERED AGENT CHANGE ROMEIN & LEROY, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: ROMEIN & LE	ROY,	Ll	_C	
	11201 122nd Avenue North	a	(b) 24 rue de la Ferme		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)		
	Unit 224	_		_es Alluet	s le Rol 78580 FR
	Seminole, FL 33778	_	_		
	May 9, 2014		L	14000075	3754
3. 5. (a)	Date of filing/registration in Florida Peter T. Hofstra	4,			Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 8640 Seminole Blvd.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Seminole, FL	33772	2		SET ALL
(b)	DeLoach, Hofstra & Cavonis, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address:				
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddı</u>	351:	SSE 19
	8640 Seminole Blvd.			·	EE. F.
	NEW Registered Office Address:				B: 14 LORIDA
	Seminole, FL	3377	2		•
the ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ability of the li	cor imi i ii	npany, it is ted liability	hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ature of a member of mithorized representative of a member				Printed or typed name of signee
I here provis the ob- to me notific	ature of a member oranthonized representative of a thember show accept the appointment as registered agent and age sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the redistered office address, I sed in writing of this change	ree to d perfor d for it hereby	net ma n C co	in this capa nce of my a hapter 605 nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signal	nure of Resident Miles				