

L1900002794Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

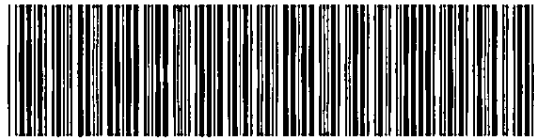
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337910318

12/20/19--01011--023 **25.00

19 DEC 20 PM 3:05
CLERK OF COURT

JAN 24 2020
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROGOFF LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 DEC 20 PM 3:05

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VITALII ROGOV

Name of Person

ROGOFF LLC

Firm/Company

5630 WELLESLEY PARK DR APT 104

Address

BOCA RATON FL 33433

City/State and Zip Code

trucker.rogoff@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VITALII ROGOV

Name of Person

at (813) 335 95 80

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: ROGOFF LLC

2. (a) 12051 TUSCANY BAY DR APT 203 TAMPA (b) 12051 TUSCANY BAY DR

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

FL 33626

APT 203 TAMPA FL

33626

25/02/2019

CP575G

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

12051 TUSCANY BAY DR APT 203

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA

, FL 33626

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

5630 WELLESLEY PARK DR

NEW Registered Office Address:

APT 104 BOCA RATON

, FL 33433

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

VITALII ROGOV

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

19 DEC 20 PM 3:05
CLERK OF THE COURT
CLERK OF THE COURT