## LOO 00000 2607

(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:		





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R/K/CV

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: CARLIN ROGERS ( Name of Limited L	iability Company	
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:		
MRS. FRAN CARUN - ROGERS Name of Person		
CARUN ROGERS CONSULTING LLC Firm/Company		
1505 DELANEY XVENUE		
ORLANDO, FLORIDA 32806 City/State and Zip Code		
FCR 201 @ aol. Lon  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mon Carlin- Kogus at 407, 422 - 0991		
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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: <u>CARLIN' KOB</u> 2. (a) <u>210 E. GORE' STREET</u> (b)	SANE
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ORLANDO FLORIDA	
32806	
10/00/000	21111111111
3. Date of filing/registration in Florida 4.	Document number
Francisco Parties	
S. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:
210 E. GORE STREET	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
ORLANDO , FL 32806	<u></u>
	202
(b)	2020 JUN
\	25
1505 DELANEY XVENUE	P
NEW Registered Office Address:	
ORLANDO	: 22 
. 2204	,
, FL_32806	<u> </u>
If the limited liability company is not organized under the laws of the State $\epsilon$ change or changes are made, the Florida street address of the registered office	of Florida, it is hereby confirmed that after the
agent will be identical. Or, in the case of a Florida limited liability company	t, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited lia the articles of organization or the operating agreement of the limited liability	company or as otherwise provided in
from Carlin Roque FRA	AN CAPUN KOGERS
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of	capacity. I jurther agree to comply with the first duties, and I am familiar with and accept to 605. E.S. Or if this document is being flad.
provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change.	that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent