L02000003567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Roberts Ingrey Group LLC

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- ____ Art of Inc. File____
- ____ LTD Partnership File____
- ____ Foreign Corp. File____
- ____ L.C. File____
- ____ Fictitious Name File____
- ____ Trade/Service Mark____
- ____ Merger File____
- ✓ Art. of Amend. File____
- ____ RA Resignation____
- ____ Dissolution / Withdrawal____
- ____ Annual Report / Reinstatement____
- ____ Cert. Copy____
- ____ Photo Copy____
- ____ Certificate of Good Standing____
- ____ Certificate of Status____
- ____ Certificate of Fictitious Name____
- ____ Corp Record Search____
- ____ Officer Search____
- ____ Fictitious Search____
- ____ Fictitious Owner Search____
- ____ Vehicle Search____
- ____ Driving Record____
- ____ UCC 1 or 3 File____
- ____ UCC 11 Search____
- ____ UCC 11 Retrieval____
- ____ Courier____

Signature

Requested by: RW 8/25

Name Date Time

Walk-In ____ Will Pick Up ____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR ~~CORPORATIONS~~ Limited Liability Company

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida. *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

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1. The name of the ~~corporation~~ LLC: Roberts, Ingrey Group, LLC

2. The mailing address of the corporation: 2600 Douglas Road, Suite 905, Coral Gables, FL 33134

3. Date of incorporation/qualification: 8/13/02 Document number: L02000003507

4. The name and address of the current registered agent and office:

Wanda Pistella, P.A.
3001 Ponce de Leon Blvd., Suite 262
Coral Gables, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Wanda Pistella, P.A.
7385 SW 87 Avenue
Miami, FL 33173.

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X _____ (Signature of an officer, chairman or vice chairman of the board) 08/03 (Date)

~~Anthony~~ Roberto A.F. Roberts
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Wanda Pistella 8/5/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Wanda Pistella, P.A. President
(Typed or Printed Name) (Capacity)

* * * FILING FEE: $35.00 * * *

CR2E045(9/00)