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(Business Entity Name)
(Document Number)
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TO: Registration Section -Division of Corporations

Rolston Information Systems Assurance, LLC

SUBJECT: _

Name of Limited Liability 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:

Stephen Rolston

Name of Person

Rolston Information Systems Assurance, LLC

Firm/Company

10022 Woodstock Rd.

Address

Odessa, FL 33556

City/State and Zip Code

stephen.rolston@risadirect.com

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

For further information concerning this matter, please call:

Stephen Rolston	813 at (997-4071)
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:

S25 Filing Fee

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

I) .	Stephen Rolston		(b) Stepher	Stephen Rolston			
·, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	-	of limited liability con BE POST OFFICE B		
	10022 Woodstock Rd.		10022 V	Voodstock Rd.			
	Odessa, FL 33556		Odessa,	FL 33556			
	3/4/05		L050000	22110			
	Date of filing/registration in Florida	4.		Document nu	mber		
a)							
	Registered Agent and Registered Office shown on the records of Stephen Rolston	the Flor	ida Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				~		
	4921 Van Dyke Rd.				1920 		
	Lutz, FL	33558			19-19-10 19-10 10 10-10 10 10-10 10 10 10-10 10 10 10 10 10 10 10 10 10 10 10 10 1	, , , ,	
)						i	
<i>י</i> ן (Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:				
	Stephen Rolston					>	
	NEW Registered Office Address:						
	10022 Woodstock Rd.	···					
	Odessa, FL	33556	1				

Stephen Rolston

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 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 nonfied in writing of this change. Signature of Registered Agent

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