#106000068644

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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13 APR 22 PM N 50 SECRETARY OF STATE

K.SALY EXAMINER APR 23 2013

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Rothschild Investments, LLC 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:				
Name of Person				
Cheffy Passidomo, P.A.				
Firm/Company				
821 Fifth Avenue South				
Address				
Naples, FL 34102				
City/State and Zip Code				
mcarias@napleslaw.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Will Dempsey at (239) 261-9300				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section Division of Corporations Division of Corporations				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee. Florida 32301				
Enclosed is a check for the following amount:				
■ \$25 Filing Fee				

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Rothschild Invest	lments, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 2614 Tamiami Trail North, STE. 615 Naples, FL 34103
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2614 Tamiami Trail North, STE. 615 Naples. FL 34103
07/10/2006	L06000068644
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:
Registered Agent:	R&A Agents, Inc.
Registered Office Address:	850 Park Shore Drive, Third Floor Naples FL. 34103
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Will Dempsey 821 Fifth Avenue South
MEGI BE I BORIDA STREET ADDRESS	Naples , 7 34102
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or ly.
Printed or typed name of signee	U
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiae with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address (Thereby confirm that the limited liability com	id agree to act in this capacity. I further agree to a proper and complete performance of my duties, who position as registered agent as provided for in a provided for in the registered office bany has been notified in writing of this change.
Signature of Registered Agent	

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