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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rock City Group, LLC (Name of Limited	l Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
David S. Oliver, Esq. (Name of Person)	
Baker & Hostetler, LPP	
(Firm/Company)	SECRETALLAH
P.O. Box 112	ASSE
(Address)	Y OF STAT
Orlando, FL 32802-0112	-9 PM 2: 45 TARY OF STATE ASSEE, FLORIDA
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
David S. Oliver, Esq. at (4	107 <sub>)</sub> 649-4025
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$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 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.

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1.	. The name of the limited liability company is: Rock City Group, LLC			<b>_</b> ·
2.	. The mailing address of the limited liability company is : 7025 County Road 46A, Suite 10	)71, Lake M	∕lary, FL	32746
1/	/31/07 L07000011541			_
3.	. Date of filing/registration in Florida 4. Document number			_
5.	. The name of the registered agent and the registered office address as shown on the re Florida Department of State:	cords of t	he	
	Stephen, Jennifer			
	Name			
	1485 International Parkway, Suite 1001			
	Address		_	
	Heathrow, FL 32746  City, State and Zip	≅ĸ	)7/	
	•	돌욻	AUG	
6.	. The name and address of the new registered agent and/or office:	\$2.5 \$2.5	9	<u> </u>
	David S. Oliver, Esq.	開門		
	Name	OF STAT	P	J
	2300 SunTrust Center, 200 S. Orange Avenue	SFA	2: 45	
	Florida street address (P.O. Box NOT acceptable)		2	
	Orlando, FL 32801-3432			
	City, State and Zip			
an lia of or	If the limited liability company is not organized under the laws of the State of Florida, is onfirmed that after the change or changes are made, the Florida street address of the result of the business office of the registered agent will be identical. Or, in the case of a Florida bility company, it is hereby confirmed that the change(s) was/were authorized by an after the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)  Printed or typed name of signee)	gistered d rida limite affirmativ	office ed e vote	
$I_{co}$	hereby accept the appointment as registered agent and agree to act in this capacity.  omply with the provisions of all statutes relative to the proper and complete performan	I further a	agree t duties	0

and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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)

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

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