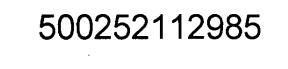
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(Requestor's Name)				
(Address)				
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(City/Sta	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busine	ss Entity Name)			
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(2004)1	one (talling of)			
Certified Copies	Certificates of Status			
Special Instructions to Filin	g Officer:			

Office Use Only



09/30/13--01019--018 **25.00



OCT 3 2012

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ		y, LLC Limited Liabilit	y Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted	d for filing.	
Please	e return all correspondence concerning	this matter to tl	ne following:		
Ya	nko Reina				
	Name of Person		-	E.	201
Ro	yalty Recovery, LLC		_	.m (1) - 2 / 2 - 2 / 2 - 2 / 2	MIS SEF C
	Firm/Company				30
229	96 S.W. 156th CT				AM 10: 0
	Address		-		: 07
Mia	ami, FL 33185				
	City/State and Zip Code		-		
Ro	yaltyrecoveryllc@gm	ail.com			
Е	-mail address: (to be used for future annual report a	notification)	-		
For fu	urther information concerning this matt	ter, please call:			
Ya	nko Reina	at (305	394-4936		
	Name of Person	A	rea Code & Daytime Telepho	ne 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	ng amount:			
	■ \$25 Filing Fee	□ \$5 ⁴	S Filing Fee & Certifie	d Conv	

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, th ler to change its register	he undersigned limited red office or registered
1. Name of the limited liability company: Royalty Recovery, LLC	<u> </u>	
2. (a) Principal office address of limited liability compan		
(Note: MUST BE STREET ADDRESS)	Miami, FL 33185	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2296 S.W. 156 CT. Miami, FL 33185	SEP 30.
02/26/2007	L07000021031	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State:
Registered Agent:	David Zamora	
Registered Office Address:	2296 S.W. 156 CT. Miami, FL 33185	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	CW Registered Office ad	<u>ldress</u> :
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2296 S.W. 156 CT.	FL 33185
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwised the operating agreement of the limited liability company. 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 comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with a my pand I am familiar with	Florida street address of talical. Or, in the case of a symmetry was/were authorized by vise provided in the article.	he registered office a Florida limited y an affirmative vote of es of organization or
Signature of Registered Agent		

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