## L07000044365

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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## **COVER LETTER**

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TO:	Registration Section Division of Corporations	ť	gi <sup>‡</sup>	<b>4</b>	*	હતે. -	
SUBJ	ECT: Royalty Income Name of Limited	Hold I Liabili	ings ty Comp	any	<u> </u>		\$ 20 X 30
Dear S	Sir or Madam:						رې
The er	nclosed Registered Agent/Registered Office (	<sup>~</sup> hange	and fee(s	) are sub	mitted t	for filing	
			·	•		g.	
Please return all correspondence concerning this matter to the following:							
	Victoria Dion Name of Person		_				
Royalty Income Holdings LLC Firm/Company							
	800 E Cypress Creek	Ra	_ 50,4,	2 204			
<del></del>	Ft Lauderdale F1 3	3334	<u> </u>				
E-mail address: (to be used for future armual report notification)							
For fu	rther information concerning this matter, plea	ase call:					
V	name of Person at (		_) <u>77</u> Area Code &			Number	
	STREET/COURIER ADDRESS:	MA	LING A	DDRESS	<b>:</b>		
	Registration Section	Regi	stration S	ection			
	Division of Corporations	_	sion of Co		ıs		
	Clifton Building		Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	ihassee, F	lorida 32	314		
Enclosed is a check for the following amount:							
1	\$25 Filing Fee	\$55	Filing F	ee & Ce	rtified (	Сору	

## 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.

agent, or both, in the state of Piorita.	11
1. Name of the limited liability company: Royal	ty Income Holdings AC
2. (a) Principal office address of limited liability compan	y: 800 E Cypress Creck R
(Note: MUST BE STREET ADDRESS)	Ft Lauderdale, F1 3330
(b) Mailing address of limited liability company:	SAME 5 3
(Note: MAY BE POST OFFICE BOX)	20 24 A
Feb 27, 2012  3. Date of filing/registration in Florida	LO 70000 44365 3 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	James Dean
Registered Office Address:	4901 N Federal Hwy F+ Lauderdale, F1 33 308
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 E Cypress Croek Rd Suite 204 Ft. Landerdale ,FL 33334
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Clorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Thomas M Shelton Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office y 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