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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC REGISTERED AGENT CHANGE ROWSTAR, LLC

Certificate of Status	0
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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	ROWSTAR, LLC		
		Name of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered	l Office Change at	nd fee(s) are submitted for filing.
Please retu	irn all correspondence concernir	ng this matter to th	e following:
Alicia Rich	nards		
	Name of Person	<u> </u>	
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate (Center One, 5301 Southwest Pkwy.	. Stc 400	
	Address		
Austin, TX	78735		
	City/State and Zip Co	ode	
E-ma	sil address: (to be used for future	e annual report no	tification)
For further	information concerning this ma	atter, please call:	
Alicia Rich	ards	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.	egistration Section egistration of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the follo	wing amount:	
	\$25 Filing Fee	Q	\$55 Filing Fee & Certified Copy
INHS18 (2/	114)		

⊙ 02-18-2025 12:06 FM

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.

2. (a)	750 PARK OF COMMERCE DR	(1	750 PARK OF CO	MMERCE DR
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	Mailing a	ddress of limited liability company: MAY BE POST OFFICE BOX)
	STE 200		STE 200	
	BOCA RATON, FL 33487	_	BOCA RATON, F	L 33487
	06/01/2009		L09000053283	
	Date of filing/registration in Florida	4.	Docum	ent number
. (a)				
	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept, of State:	
	COGENCY GLOBAL INC.	· · · · · · · · · · · ·		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>5)</u>	2
	115 N CALHOUN ST STE 4			2023
	TALLAHASSEE , F	L 32301		:: : : EB -7
		•	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	ldress:	
	2894 Remington Green Ln.			2: 23 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5
	NEW Registered Office Address:			,,
	Ste. A			
	Tallahassee, F	L		
hange gent v	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin e limited	ed office and the bu ompany, it is hereby nited liability compa liability company.	siness office of the registered confirmed that the change(s) any or as otherwise provided in
vas/w he art	A	ALII	son Cannella	Authorized Representative
ie art	Allison Connello		Deintad	or timed name of signes
ne art /s/ Signa	ature of a member or authorized representative of a member			or typed name of signee
he art Signa I here Provisi he obi o mer		ree to ac	in this capacity. I	further agree to comply with the

Signature of Registered Agent