## L09000109238

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	cument Number)	. <u> </u>	
Certified Copies	_ Certificates	s of Status	
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10 JAN-6 AMII: 16

SECRETARY OF STATE

J. BRYAN

JAN -7 2009

EXAMINER

## **COVER LETTER**

Divisio	on of Corporations					
SUBJECT: _	Gua	dalup	e Rodriguez	z, LLC		
			l Liability Con	<u> </u>		
Dear Sir or Ma	adam:					
Dour Sir Sir Wi						
The enclosed l	Registered Agent/Registered	Office (	Change and fee	e(s) are submitted for	or filing.	
Please return a	all correspondence concernin	g this m	atter to the foll	lowing:		
	Guadalupe Rodriguez					
	Name of Person					
. `.	Guadalupe Rodriguez, LL Firm/Company	.C	<del></del>		10 JAN -6 AMII: I SECRETARY OF STAT FALLAHASSEE, FLORE	* 400
7. 1. 14	**				ASA I	
2	204 37th Avenue North, #1	13			SEI S	·
	Address	<u></u>			그 그 유 그를	
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	St. Petersburg, FL 3370 City/State and Zip Code	4	<del>.</del>		A	•
	City/state and Zip Code					
	G.RodriguezLLC@gmail.co	om				
E-mail addre	ss: (to be used for future annual report	notification	on)			
For further inf	formation concerning this ma	tter, plea	ase call:			
Re	becca Rodriguez	at (_	727)	481-5982		
	Name of Person		Area Code	e & Daytime Telephone N	Number	
Registra Division Clifton 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle		Registration Division of P.O. Box 63	Corporations		
Tailaha	ssee, Florida 32301					
Enclos	ed is a check for the follow	ing amo	ount:			
\$25	Filing Fee		\$55 Filing	g Fee & Certified C	Сору	

TO: Registration Section

## 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.

_				
Name of the limited liability company:	Guadalupe Rodriguez, LLC			
2. (a) Principal office address of limited liability comp	pany: 204 37th Avenue North			
(Note: MUST BE STREET ADDRESS)	#113 St. Petersburg, FL 33704			
(b) Mailing address of limited liability company:	204 37th Avenue North			
(Note: MAY BE POST OFFICE BOX)	#113 St. Petersburg, FL 33704			
11/12/2009	L09000109238			
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:	Guadalupe Rodriguez			
Registered Office Address:	1100 14th Street North St. Petersburg, FL 33705			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	204 37th Avenue North #113 St. Petersburg ,FL33704			
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 id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited			
Guadalupe M. Rodriguez Printed or typed name of signce	<u> </u>			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			

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