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| (Re | equestor's Name) | | | | | | |
|--------------------------|--------------------|-----------|--|--|--|--|--|
| (Ad | ldress) | | | | | | |
| (Ac | idress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | MAIT | MAIL | | | | | |
| (Bu | usiness Entity Nam | ne) | | | | | |
| (Do | ocument Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to | Filing Officer: | | | | | | |
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COVER LETTER

Registration Section

INHS18 (2/14)

| Division of Corporations | | |
|--|-------------------|---|
| Rosen Materials, LLC SUBJECT: | | |
| | of Limited Lia | ability Company |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | e Change and | fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the f | following: |
| Gayle Aiken, Paralegal | | |
| Name of Person | | |
| Honigman Miller Schwartz and Cohn LL | Р | |
| Firm/Company | | |
| 660 Woodward Ave., Suite 2290 | | |
| Address | | |
| Detroit, MI 48226 | | |
| City/State and Zip Code | | |
| E-mail address: (to be used for future annu | al report notifi | cation) |
| For further information concerning this matter, p | please call: | |
| Gayle Aiken | 313 | 465-7208 |
| 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 | Reg Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314 |
| Enclosed is a check for the following | amount: | |
| ☑ \$25 Filing Fee | □ \$5 | 5 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 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.

| 1. N | ame of the limited liability company: Rosen Materi | ials, LLC | | | | |
|--------------------------------|--|--|---|---|------------------------------|--|
| | | | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limite | | | |
| | 1371 Sawgrass Corporate Parkway | | 1371 Sawgrass Corpora | te Parkw | ay | |
| | Sunrise, FL 33323 | <u> </u> | Sunrise, FL 33323 | | | |
| | 12/01/2010 | l | .10000123494 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | Drew Rosen | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Florida I | Dept. of State: | | | |
| | 1371 Sawgrass Corporate Parkway | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>ADDRESS)</u> | | | | |
| | | | - | | | |
| | Sunrise , FL | 33323 | | | | |
| (b) | C T Corporation System | | | | 2015 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | cess: | | KU. | |
| | 1200 South Pine Island Road | | | ASSE ASSE | 9-¥ | |
| | NEW Registered Office Address: | | | <u> </u> | 3 | ļ. |
| | | | | 100 M | 2: | ************************************** |
| | | • | | | 0 | |
| | Plantation ,FL | 33324 | | - · · | | |
| the charagent was/w the art | imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the way of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change | the regist ability corof the limited lia | ered office and the business on pany, it is hereby confirmed and liability company or as other ability company. Gaule Aiken Printed or typed name | ffice of the that the characteristic pro- | e regist ange(s ovided | ered) in |