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TO: Registration Section Division of Corporations

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SUBJECT: ROYAL PETS MARKET & RESORT LLC

Name of Limited Liability Company

COVER LETTER

₹ ;

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO REGOJO

Name of Person

REGOJO LAW, PA

Firm/Company

12550 BISCAYNE BLVD STE 110

Address

MIAMI, FL 33181

City/State and Zip Code

AREGOJO@REGOJOLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BROOKE MORLEY

692-8004 رام

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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

PA	Mailing address of limited lia (Nate: MAY BE POST OF 550 US HWY 19 N ALM HARBOR, FL 34684 0000126068 Document number L of State:	• • •
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of the Stat registere ity compa it limited lited liabil	d office and the business office ny, it is hereby confirmed that liability company or as otherwi- ity company.	: of the registere the change(s)
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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