## L11000013205

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L11-1320S
(Document Number)
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SECRETARY OF STATE
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N. Culligen NOV 17 2014

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Roundy Marketing LLC Name of Limited Liability Company		
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:		
TODD Daysty Name of Person		
Lound yo Marketing LLC		
620 spanish wells RD		
Jack souville Florida 32218 City/State and Zip Code		
Todd - ds c G Compast . Wet  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (904) 502 - 3359  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Y		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}\$		
INHSI8 (5/08) Already para \$43.75 to Florida Dept a State		



November 8, 2011

TODD DANSKY 620 SPANISH WELLS ROAD JACKSONVILLE, FL 32218

SUBJECT: ROUNDUP MARKETING LLC

Ref. Number: L11000013205

We have received your document for ROUNDUP MARKETING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 911A00025300

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ABOTH 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 Fioriaa.	•
1. Name of the limited liability company:	adup Marketing ILC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	620 Spanish wells Pd Facksonville, Florida 32218
(b) Mailing address of limited liability company:	620 spanish wells Rd
(Note: MAY BE POST OFFICE BOX)	Jacksonville, Florida
2-1-2011	L 11000013205
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:	United States Corporation Against In
Registered Office Address:	13302 Univalination ect
	TAMPA, FLY SEB # 3.
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address
NEW Registered Agent:	Topo Dans 2 2 0
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	620 spanish with 13
IMCOL DE LEGNIDA BIRDET ADDRESS	,FL 32218
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	laws of the State of Florida, it is hereby florida 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 y.
Signature of a member or authorized representative of a member	_
Printed of 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 particular to the provision of the	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely 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