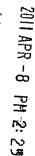
•		
(Requestor's Name)		
(Address)	_	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		
A. LUNT		
APR 11 2010		
EXAMINER		

Office Use Only



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04/08/11--01018--023 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rocky Road Adventures, L.L.C. 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:			
Deboral C. Linker Name of Person			
Rocky Road Adventures, L.L.C.			
P. O. Box 5003al			
MATAThon FL 33050 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ochorch Like at (561) 212-6261 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

INHS18 (5/08)

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.

· ·			
1. Name of the limited liability company: Roc	Ky ROAD Adventures L.L.		
2. (a) Principal office address of limited liability compan	y: 19 Ibis Lane		
(Note: MUST BE STREET ADDRESS)	MARAthon, FL		
	<u>330</u> 60		
(b) Mailing address of limited liability company:	P.O. Box 500326		
(Note: MAY BE POST OFFICE BOX)	MARAThon FL		
0 11 - 2 51	33060		
3. Date of filing/registration in Florida	L110000 1997 -		
5. Date of fining/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:	Gerald Millinker		
Registered Office Address:	1900 Banko 183		
	MARGATE, FL # 4		
•			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Debbie Linker		
NEW Registered Office Address:	881 NE 32 84		
(MUST BE FLORIDA STREET ADDRESS)	BOCA RATION FL 3343/		
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 iden liability 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. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
Printed or 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 pachapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compant with the limited liability compants.	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely 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