## L11000047260

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(business chury Name)					
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## COVER LETTER ...

Registration Section

TO:

INHS18 (2/14)

Division of Corporations ROCKWELL HOLDING GROUP, LLC SUBJECT: 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: Valerie Kaye Name of Person Prestige Motor Car Imports, LLC Firm/Company 14800 Biscayne Blyd Address North Miami Beach, FL 33181 City/State and Zip Code valerie@prestigeimports.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valerie Kave 947-1000 Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ☐ \$55 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. Na	me of the limited liability company: ROCKWELL H	OLDING GR	OUP, LLC		
2 (a)		(h)			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	13951 Biscayne Blvd	I	14800 Biscayne Blvd		
	N. Miami Beach, FL 33181		N. Miami Beach, FL 33181 L11000047260		
	04/21/2011	Li			
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
= ( <b>)</b>					
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida D	ept, of State:		
	Legacy Wealth Advisors, LLC		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	801 Brickell Avenue Suite # 2550			<b>2023</b> TĂĹL	
	Miami F	L 33131		FIL 2023 OCT 16 ALLAHASSE	
				SSE 16	
(b)	Enter name of NEW Registered Agent and/or NEW Registere				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	<u>SS</u> :	# D	
	Kluger, Kaplan, Silverman, Katzen & Levine, P.L.			FILED  OCT 16 AM 8: 25  ALLARY OF CHARLA AHASSEE, FLORIDA	
	NEW Registered Office Address:				
	201 S. Biscayne Boulevard #2700				
	Miami	l. <sup>33131</sup>			
change agent v was/we the arti Signar I herei provisi the obl	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I I in writing of this change.	e registered e iability compositive compositive limited liability and the Brett Extreme to act in the performance of for in Charles	office and the business pany, it is hereby confid liability company or ility company.  avid  Printed or type this capacity. I further of my duties, and I appear 605, F.S. Or, if a prier 605, F.S. Or, if a	office of the registered rmed that the change(s) as otherwise provided in d name of signee or agree to comply with the thin familiar with and accept this document is being filed	