

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
RETAIL OPERATORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2018 JUL -6 PM 4:50

FILED
18 JUL -6 AM 10:42

K. SALY
JUL -9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RETAIL OPERATORS, 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:

Lauren Underwood

Name of Person

Firm/Company

11380 Prosperity Farms Rd #221E

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

govdocs@corpcreations.com

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

For further information concerning this matter, please call:

Lauren Underwood

at (561)

694-8107

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:

☐ \$25 Filing Fee

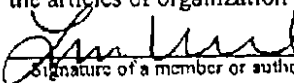
☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: RETAIL OPERATORS, LLC
2. (a) 800 S. DOUGLAS ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 450
CORAL GABLES, FL 33134
- (b) 800 S. DOUGLAS ROAD
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)
SUITE 450
CORAL GABLES, FL 33134
3. 08/22/2011
Date of filing/registration in Florida
4. L11000095822
Document number
5. (a) Cesar Gomez P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
328 Crandon Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 212
Key Biscayne, FL 33149
- (b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

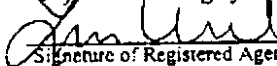
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Lauren Underwood, Attorney-in-Fact

Printed or typed name of signee

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 statutes 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

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18 JUL -6 AM 10:42
STATE
TALLAHASSEE, FL 32314