AL INCORP /22/2019**/2** RI 10:3 lorida Department of Division of Corporations Electronic Filing Cover Sheet

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	Division of Co.	cporations PS a
	Fax Number	(850) 617-6363
From:		
	Account Name	: INCORP SERVICES INC
	Account Number	: 120120000007
	Phone	: (702)866-2500
	Fax Number	: (702)866-2689
**Enter t	he email address	for this business entity to be used for future
		ngs. Enter only one email address please.**
Emaj	il Address:	Documents@Incorp.com

LLC REGISTERED AGENT CHANGE
RODRIGUEZ BUESO & ASSOCIATES LLC

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Page Count	03
Estimated Charge	\$25.00

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FEB/22/2019/FRI 10:37 AM INCORP

FAX No. 702-868-2889

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_ Rodriguez Bueso & Associates 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:

JeanMarie Meyer

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

Jean.Meyer@Incorp.com

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

For further information concerning this matter, please call:

JeanMarie Meyer at	ر 702 <sub>ک</sub> 866-2500							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle	Tallahassee, Florida 32314							
Tallahassee, Florida 32301								
Enclosed is a check for the following amo	losed is a check for the following amount:							
🖬 \$25 Filing Fee	\$55 Filing Fee & Certified Copy							

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## 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: Rodriguez Bueso & Associates LLC

2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOD)
	5501 SEMINARY RD. #1407			5501 SEMINARY RD. #1407
	Falls Church, VA 22041			Falls Church, VA 22041
	04/03/2012			L12000045779
3.	Date of filing/registration in Florida	4		Document number
5. (a)	LEGALINC CORPORATE SERV	ICES, II	NC.	
J. (a)	Registered Agent and Registered Office shown on the recor			
	5237 Summerlin Commons	Suite 40	)	
	Registered Office Address (MUST BE FLORIDA STR	ECT		
	Fort Myers		33907	
(b)	InCorp Services, Inc.			
	Enter name of NEW Registered Agent and/or NEW Regis			
	17888 67th Court Nort	h		
	NEW Registered Office Address:	· · ·		_ :
	Loxahatchee		33470	_
the chai agent w was/we	imited liability company is not organized under the nge or changes are made, the Florida street addre vill be identical. Or, in the case of a Florida limit we authorized by an affirmative vote of the memb cles of organization or the operating agreement of	e laws o ss of the ed liabili ers of the	registered offic ty company, it i e limited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
AND IN COLOR	Loge Cufift			Roger Rodriguez
Şignat	ture of a member or authorized representative of a member			Printed or typed name of signee
to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pra- by reflect a change in the registered office address I in writing of this change.	d agree h plele perj wided foi is, I here	pact in this cap formance of my in Chapter 60 by confirm that	pactry. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
tha	POR ALE Agent / JeanMarie Meyer or	behalf (	of Incorp Servi	ices, Inc.
	Division of Corporations• P	.O. Box	6327• Tallaha	ssee, FL 32314

FILING FEE: \$25.00