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**Division of Corporations** 

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From:

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Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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## LLC REGISTERED AGENT CHANGE ROSALIND JEFFERY'S INVESTMENTS "LLC"

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

r w	111111				
1.	Na	me of the limited liability company: $\frac{R}{R}$	OSALIND .	JEFFE	RY'S INVESTMENTS "LLC"
2. (	(a)	10780 SW 165 STREET		(b)	10780 SW 165 STREET
,		Principal office address of limited liabili (Note: MUST BE STREET ADD			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)
		MIAMI, FL 33157		_	MIAMI, FL 33157
			# # TT.		
		10/17/2012		Ĺ	.12000132698
3.		Date of filing/registration in Fl	lorida	4.	Document number
5.	(a)	NRAI SERVICES, INC			
.,.	(11)	Registered Agent and Registered Office shown	on the records of th	ne Florida	Dept. of State:
		1200 South Pine Island Roa	ad		
		Registered Office Address (MUST BE FLO	RIDA STREET A	DDRESS)	
		Plantation	131	33324	20 275
			, 11,	<del>_</del> _	· .
	(b)	Registered Agents Inc	C		
	,-,	Enter name of NEW Registered Agent and/or	NEW Registered	Office add	ress:
		7901 4th St N			
		NEW Registered Office Address:			
		STE 300			
		St. Dotorchurg		33702	
		St. Petersburg	, FL	33702	
the age	cha ent v e/w	ange or changes are made, the Florida st	reet address of orida limited lia the members o	the regis bility co f the lim	State of Florida, it is hereby confirmed that tered office and the business office of the rempany, it is hereby confirmed that the chanited liability company or as otherwise providability company.
					y Park
5	Signa	iture of a member or authorized representative of			Printed or typed name of signee
pre the to	ovis 1 ob. mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered as ely reflect a change in the registered of d in writing of this change.	l agent and agr r and complete gent as provided fice address, I h	ee to act performed I for in C iereby co	in this capacity. I further agree to comply ince of my duties, and I am familiar with an Thapter 605, F.S. Or, if this document is bei infirm that the limited liability company has

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent