## L17 6000 50464

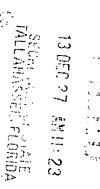
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100254917871

12/27/13--01031--008 \*\*630.00



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Rose Key Logistic	CS, LLC		
	mica znamy company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
,	5		
Leon N. Patricios			
Name of Person	<del></del>		
Dage Key Logistics 11.C			
Rose Key Logistics, LLC			
Firm/Company			
312 Minorca Ave.			
Address			
Coral Gables, FL 33134			
City/State and Zip Code			
lpatricios@zpwlaw.com			
E-mail address: (to be used for future annual report no	dification)		
For further information concerning this matter, please call:			
Leon N. Patricios	at (305 ) 444-5565		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tattanassee, Florida 32317		
Enclosed is a check for the following	g amount:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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. Na	me of the limited liability company: Rose Key Logistics.	LLC	
2. (a)	Principal office address of limited liability company: 312 Minorea Ave		
` '	(Note: MUST BE STREET ADDRESS)	Coral Gables, FL 33134	
	<del>-</del>		
( <b>L</b> )	Mailing address of limited lightlity company	312 Minorca Ave	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Coral Gables, FL 33134		
	THURE. MITT BETOST OFFICE BOX		
05/30/20	013	L13000080464	
3. Da	ite of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:	
	Registered Agent:	David J. Winker	
	Registered Office Address:	312 Minorca Ave  Coral Gables, FL 33134	
		Coral Gabies, FL 33134	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address:  Leon N. Patricios	
	NEW Registered Office Address:	312 Minorca Ave -	
	(MUST BE FLORIDA STREET ADDRESS)	Coral Gables, FL 33134	
		,FL	
confir and the liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the ne business office of the registered agent will be idently company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or	
1 aa- 11	Detricina		
	Patricios  Tor typed name of signee		
i nerc compl and I Chapt addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the fam familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to ress, I hereby confirm that the limited liability compositions.	proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

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

Signature of Registered Agent