## L13000 103142

(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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K. SALY EXAMINER

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## COVER LETTER

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	istration Section sion of Corporations		•				
SUBJECT:	RJ BROCK HOLDINGS, LLC						
SUBJECT.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.				
Please return	all correspondence concerning thi	is matter to tl	he following:				
JULIA MC	AFEE						
	Name of Person						
RJ BROC	K HOLDINGS, LLC						
	Firm/Company		<del></del>				
332 STRE	EAMVIEW WAY						
	Address		<del></del>				
WINTER	SPRINGS, FLORIDA 32708						
	City/State and Zip Code		<del></del>				
JMCAFEE	@BUDGETBLINDS.COM						
E-mail	address: (to be used for future ann	ual report no	otification)				
For further i	nformation concerning this matter,	please call:					
JULIA MC	AFEE	407	620-1476				
	Name of Person	(	Area Code & Daytime Telephone Number				
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassce, Florida 32314				
Enclosed is a check for the following amount:							
☑ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

## 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:	OLDIN	1G:	S, LLC	
	332 STREAMVIEW WAY		b) 3	332 STF	REAMVIEW WAY
(u) .	Principal office address of limited liability company:		-/_	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS) WINTER SPRINGS, FLORIDA 32708		V	WINITER	R SPRINGS, FLORIDA 32708
	WINTER SPININGS, I LONDAY 32700	_	_		(0) (11100, 120110)
	07/22/13		11	300010	3142
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	JULIA M MCAFEE				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	la D	ept. of Stat	- e:
	402 SANDRINGHAM COURT				
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRES	<u>'S)</u>		- 
	WINTER SPRINGS,, FL	32708	}		MIG AUG 22 PH
(b)	JULIA M MCAFEE				ED REFERENCE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office as	<u>ddr</u>	<u>PSS</u> :	FLO
	332 STREAMVIEW WAY				RIDE -
	NEW Registered Office Address:				
	WINTER SPRINGS , FL	32708	3		- -
the cha agent v was/wo	imited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reg ability o of the lir	giste com mito	ered offic ipany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	List bish			A M <sup>®</sup> MC	
Signal	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	ct in nan Ch con	n this cap ice of my apter 60: firm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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

ignature of Registered Agent