L13000105446

(Requestor's Name)							
(Address)							
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•	,	•					
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(Business Entity Name)							
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SECRETARY OF STATE

OIVISION OF CORPORATIONS

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C. LEWIS

JUL 11 2014

EXAMMEN

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	RODOME, LLC				
oebyLe i.	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Office C	hange and fe	ee(s) are submitted for filing.		
Please return	all correspondence concerning this ma	itter to the fo	ollowing:		
Robert H.	Glazier				
	Name of Person		_		
	Firm/Company		-		
3225 S. M	acDill Ave. Unit 129 286				
	Address		_		
Tampa, Fl	_ 33629				
	City/State and Zip Code		_		
	gmail.com				
E-mail	address: (to be used for future annual r	eport notifica	ation)		
For further in	nformation concerning this matter, plea	se call:			
Robert H.	Glazier	828	964-5040		
	Name of Person	\ 	Area Code & Daytime Telephone Numbe		
Regi. Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	osed is a check for the following amo	unt:			
2 \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
NHS18 (2/14))				

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	ame of the limited liability company: RODOME, LLC	2				
2. (a)	3225 S. MacDill Ave.	(b)	3225 S.	. MacDill Ave.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~,		Mailing address of limited liabil (Note: MAY BE POST OFF	-	
	Unit 129 286		Unit 129	286		
	Tampa, FL 33629	- -	Tampa,	FL 33629		
	L13000105446	(07/25/20	13		
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number		
). (a)	Registered Agent and Registered Office shown on the records of the 841 PRUDENTIAL DRIVE	e Florida	Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET AD 12TH FLOOR	DDRESS)	!	_		
	JACKSONVILLE ,FL	32207		_	==	SING
(b)	ROBERT H. GLAZIER					당 당 당
(',	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	_	JUN 26	유로 1 이렇게
	3225 S. MacDill Ave.				PH	705 105 107 107
	NEW Registered Office Address:			-	ယ္	RAIA
	Unit 129 286			_	90	GRATIONS
	Tampa ,FL	3629		_		
the cha agent v was/wo	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member or authorized representative of a member	he regis pility co the limited li	tered offic mpany, it i ited liabilit ability cor	e and the business office of shereby confirmed that the company or as otherwise appany. GLAZIER	of the r ne char e prov	egistered ige(s)
I here	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he	e to act performa for in C ereby co	in this cap ince of my chapter 60: onfirm that	Printed or typed name of sign pacity. I further agree to a duties, and I am familiar 5, F.S. Or, if this document the limited liability comp	vomntv	with the nd accep ging filed as been

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