## 113000137277

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: ROHTELA LLC						
Name	e of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Sabrina Rios						
Name of Person	<del></del>					
ROHTELA LLC						
Firm/Company	<del></del>					
11396 Pine Valley Dr.						
Address	<del> </del>					
Wellington, FL, 33414						
City/State and Zip Code						
rohtela@gmail.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
Freddy Leal	213 2945366 _ at ()					
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 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
<b>2</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (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. N	ame of the limited liability company: ROHIELA LL	C				
2. (a)	103 NE 59th ST	ſb	103	NE 5	19th ST	
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address	of limited liability	
	#4		#4	(HUJE; MEAL	<u>BE POST OFFICE</u>	<u>E BUA</u> J
	Miami, FL 33137	<del>-</del>	Miar	ni, FL	33137	
	9/27/13		L130001	, 37277		
3.	Date of filing/registration in Florida	4.		Document n	umber	
5. (a)	Sabrina Rios					
(-)	Registered Agent and Registered Office shown on the records of the 103 NE 59th ST	he Florida	Dept. of State	- c:		3 34
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRESS)		-		MAR 17
	Miami	33137		-		7 24
(b) Sabrina Rios  Enter name of NEW Registered Agent and/or NEW Registered  11396 Pine Valley Dr.  NEW Registered Office Address:			lress:	-		13:19
				_		
	Wellington , FL	33414		_		
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law.	the regis bility co f the lim limited li	tered office mpany, it is ited liabilit	e and the busi s hereby conf y company of opany.	iness office of the firmed that the c	he registered hange(s)
Signa	ture of a member or authorized representative of a member				ed name of signee	
	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 h d in writing of this change.	ee to act performa I for in C ereby co	in this cap ince of my chapter 603 infirm that	acity. I furth duties, and I i i, F.S. Or, if the limited lid	er agree to com am familiar wit this document is ability company	ply with the h and accept s being filed has been
	V					