

L17000177823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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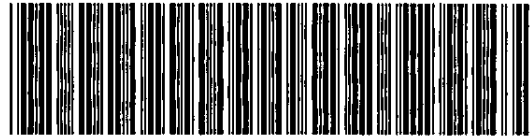
(Business Entity Name)

(Document Number)

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SETUP BY: J. J. J.
TALLAHASSEE, FL 32310
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

PAUL GRZYMKOWSKI
640 HAWKSBILL ISLAND DR
SATELLITE BEACH, FL 32937

SUBJECT: ROCKY GAP LLC
Ref. Number: L13000177823

We have received your document for ROCKY GAP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00001636

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: Rocky GAP LLC
2. (a) Principal office address of limited liability company: 640 HAWKS BILL ISLAND DR
(Note: **MUST BE STREET ADDRESS**) SATELLITE BEACH, FL
32937
- (b) Mailing address of limited liability company: SAME
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 12/30/13
4. Document number: L 09 000047621
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: UNITED STATES CORP AGENTS INC
- Registered Office Address: 13302 WINDING OAKS CT STE A
TAMPA, FL
33612
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** PAUL J GRZYMKOWSKI
- NEW Registered Office Address:** 640 HAWKS BILL ISLAND DR
(**MUST BE FLORIDA STREET ADDRESS**) SATELLITE BEACH
FL 32937

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

PAUL J GRZYMKOWSKI JR.
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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