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COVER LETTER

Division of Corporations	
Flaggler Rock LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	iter to the following:
Steven Rodriguez	
Name of Person	
O'Connor Rodriguez	
Firm/Company	
660 NE 95th Street, Suite 7	
Address	•
Miami Shores, FL 33138	() () () (),
City/State and Zip Code	
steven@ocrcpa.com	
E-mail address: (to be used for future annual re	
For further information concerning this matter, please	e call:
Steven Rodriguez	305 754-6212
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	unt:
□ \$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

(a)	365 7th St. S, St. Petersburg, FL 33701		(b)	St. S, St. Petersburg, FL 33701
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		
	01/15/2014		L1400000	77799
(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.		Document number
(,	Registered Agent and Registered Office shown on the records of the 13302 Winding Oaks Court	e Flo	rida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	<u>:SS)</u>	
	Suite A			<u>:</u>
	Tampa3	3612		
,,	O'Connor + Rodriguez			
(b)	Enter name of NEW Registered Agent and/or NEW Registered C)ffice	address:	—
	660 NE 95th Street			
	NEW Registered Office Address:			 : : : : : : : : : : : : : : : : : :
	Suite 7			<u> </u>
	Miami Shores , FL	3138		
inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the ease of a Florida limited liab ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	egist oility the mite	ered office a company, it imited liabil	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
ignat	ure of a member or authorized representative of a member	-	-	Printed or typed name of signee
visie obli nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as pegistered agent as provided by reflect a change by the registered office address, I have been accounted this change.	e to e erfoi for i reby	ict in this ca mance of m n Chapter 60 confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been

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