## 614000031984

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  [ PICK-UP	
(Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  (Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	, (Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
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JUN -8 2016 N. CAUSSEAUX

## COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	Bob & Mica, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam:						
The encl	losed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this	s matter to the following:					
Coe Ci	ribbs						
	Name of Person						
South1	rend Realty						
	Firm/Company	<del></del>					
1800 F	Penn Street #11						
	Address						
Melbo	urne, FL 32901						
	City/State and Zip Code	<del></del>					
_	southtrend.com						
E-1	mail address: (to be used for future annu	ual report notification)					
For furth	ner information concerning this matter,	please call:					
Coe C	ribbs	321. 752-1199					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Exècutive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	closed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18	(2/14)						



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2016

COE CRIBBS SOUTHTREND REALTY 1800 PENN STREET #11 MELBOURNE, FL 32901

SUBJECT: BOB & MICA, LLC Ref. Number: L14000031984

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

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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.

Letter Number: 316A00011127

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

## 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 .0/140	••			
1. Na	me of the limited liability company: Bob & Mica, Ll	_C		
2. (a)		(b	o)	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1800 Penn Street #11		1800 Pe	nn Street #11
	Melbourne, FL 32901	_	Melbour	ne, FL 32901
	02/25/2014		L1400003	31984
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEE, ROBERT E			
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	· •
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS	3)	TALL TO
	6485 N. HIGHWAY 1			20 = 1
	MELBOURNE, FL 3	32940		25. 1 fm
		. , ,	ا جد ا	TY R TY
(b)	SouthTrend Realty, Inc. P93	- le l	94	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	<u>dress</u> :	2: 29 FLORID
	Adam Rathbun			<b>3</b>
	NEW Registered Office Address:			•
	1800 Penn Street , Suite #11			
	Melbourne FL 3	32901		
If the li	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t	s of the he regis	State of Flo stered office	orida, it is hereby confirmed that after and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liab	oility co	ompany, it is	s hereby confirmed that the change(s)
the arti	ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	ine iim imited l	liability con	pany.
7	Mar Rober Lez	Ada	am Rathbi	inx (blitte
~	ture of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere potified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he tan yriting of this change:	e to act perform for in ( pereby co	t in this cape ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
/	Robert Lec		_	A A
Signal	re of Registered Agent	Adaı	m Rathb	un X Um/