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COVER LETTER

_	on of Corporations	
SUBJECT: _	ROXBURY	Name of Limited Liability Company
		Name of Limited Liability Company
Dear Sir or Ma	dam:	
The enclosed R	Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return al	ll correspondence concern	ing this matter to the following:
	Name of Person PXBURY NUEST Firm/Company	
	Address FERO, FLORIDA City/State and Zip C	33928
ZoB E-mail ad		TYC GMAIL. COM are annual report notification)
Robe	<u>CAT DIMARIA</u> Name of Person	at (Z 48) 3/0. 2023 Area Code & Daytime Telephone Number
Registr Divisio Clifton 2661 E	ET/COURIER ADDRES ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclos	ed is a check for the follo	owing amount:
A \$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.	Na	ame of the limited liability company: ROXBUR	Y INO	VESTMENTS L.L.	<u>C.</u>		
		3500 CHERRY BLOSSOM CT. #/UI		SAME			
۵.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited li	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		ESTENO, FLA. 33928		SAME			
	•	APRIC 21, 2014 Date of filing/registration in Florida		<u>L 140000 647 98</u> Document number	.		
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	CORPORATION SERVICE COMPA	NY				
		Registered Agent and Registered Office shown on the records of the		ept. of State:			
		1201 HAYS STREET					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·			
		TALLAHASSEE ,FL	373	S. A. /	- 55	15 7 - 7 - 1	
		TACCAMASSEE , FL	/ _ /	, <u>, , , , , , , , , , , , , , , , , , </u>		ir.	
	(b)	F. ROBERT DIMARIA			-1		
	` '	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>:ss</u> :	7	<u> </u>	
					∂S	FINA 참된	
		3500 CHERRY BLOSSOM CT #101		· · · · · · · · · · · · · · · · · · ·	02		
		NEW Registered Office Address:				•	
		ESTERO EI	3397	2 <i>8</i> ′			
		, , , , , , , , , , , , , , , , , , , ,	///-				
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of teles of organization of the operating agreement of the l	the register bility comp the limite imited liab	red office and the business offic pany, it is hereby confirmed that a liability company or as otherwoility company.	e of th t the cl vise pr	e registered hange(s)	
		ture of a member or authorized respectative of a member		ROSSET DIMARIA Printed or typed name of s	ionee		
		by accept the appointment as registered agent and agre				nlv with the	
pr the to	ovisi e obl mere	ions of all statutes relative to the proper and complete places of my position as registered agent as provided ely reflect a change in the registered office address, I have been also of this change.	performand for in Cha ereby conf	ce of my duties, and I am familia apter 605, F.S. Or, if this docur firm that the limited liability cor	ar with nent is npany	and accept being filed has been	

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