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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ROFOUS LLC				
SUBJECT:	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	gistered Office Change and	d fee(s) are submitted for filling.		
Please return all correspondence cor	ncerning this matter to the	e fallowing:		
Carlos X. Rodriguez, Esq.				
Name of Pe	erson			
Halpern Rodriguez, LLP				
Firm/Comp	pany			
355 Alhambra Circle, Suite 1101				
Address				
Coral Gables, FL 33134			7/1 (11)	202
City/State and 2	Lip Code		11.CT 11.ED 11.ED	2023 ACR
br@hrllplaw.com				- 70 - 73 - 70
E-mail address: (to be used for	ication)	•		
For further information concerning the	his matter, please call:			Fi 22
Janelie A. Arguelles	305	4428883	•	<u>:</u>
Name of Person		Area Code & Daytime Telephone Nu	nber	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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 t	following amount:			
■ \$25 Filing Fee	□ \$ 5	5 Filing Fee & Certified Copy		

JNHS18 (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)	3061 NW 82 Ave	(b) ³	3061 NW 82 Ave	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS):	(17_	Mailing address	of limited liability company: BE POST OFFICE BOX)
	Miami, FL 33122		Alami, FL 33122	
				
	05/23/2014	Li	4000083879	
. (a)	Date of filing/registration in Florida Halpern Rodriguez, LLP	4.	Document no	umber
(")	Registered Agent and Registered Office shown on the records o 800 Douglas Road	fthe Florida De	pt. of State:	
	Registered Office Address IMUST BE FLORIDA STREET Unit 880		te telephysis a change	289 5E
	Coral Gables			174 F.T. Trivian Bay 100
1	Halpern Rodriguez, LLP			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>3</u> :	· ""
	355 Alhambra Circle			 ල ශ
	NEW Registered Office Address: Suite 1101			_
	Coral Gables , FL	33134		
lin ge c wi vere ticl	nited liability company is not organized under the law or changes are made, the Florida street address of the Il be identical. Or, in the case of a Florida limited lia a authorized by an affirmative vote of the members of es of organization or till operating agreement of the e of a member or authorized representative of a member	vs of the Stat registered of ability compa of the limited limited liabil	e of Florida, it is here fice and the business my, it is hereby confir liability company or a ity company. Printed or typed	office of the registered med that the change(s) as otherwise provided in SAL VAST nume of signee
ligi	accept the appointment as registered agent and agriss of all statutes relative to the proper and complete attents of my position as registered agent as provided to the registered office address, I have the first three address, I have the first three address, I have the first three address.	performance I for in Chapi ereby confiri	of my duties, and I an ter 605, F.S. Or, if th n that the limited liab	n familiar with and accept is document is being filed ility company has been