L14000139745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
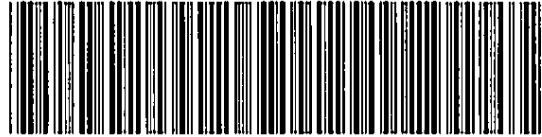
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
     Division of Corporations

SUBJECT: ROCSOXX L.L.C
_____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A. Fromm
_____
Name of Person

RocSoxx, LLC
_____
Firm/Company

44 Maple Street
_____
Address

Defuniak Springs, FL 32435
_____
City/State and Zip Code

markf@rocsoxx.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Fromm   850   333-2467
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

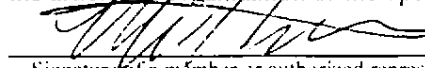☑ $25 Filing Fee   ❑ $55 Filing Fee & Certified Copy

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. Name of the limited liability company: **ROCSOXX L.L.C**

2. (a) **44 Maple Street, Defuniak Springs, FL 32435**   (b) _____

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

44 Maple Street, Defuniak Springs, FL 32435

09/08/2014   **L14000139745**

3. Date of filing/registration in Florida   4. Document number

5. (a) **Myra S Fromm**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

44 Maple Street, Defuniak Springs, FL 32435

Registered Office Address   (*MUST BE FLORIDA STREET ADDRESS*)

44 Maple Street

Defuniak Springs , FL **32435**

(b) **Mark A. Fromm**

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

44 Maple Street, Defuniak Springs, FL 32435

NEW Registered Office Address:

44 Maple Street

Defuniak Springs , FL **32435**

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.
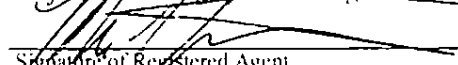
Signature of a member or authorized representative of a member

Mark A. Fromm

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. Or, 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

INHS18 (2/14)