L14-000154550

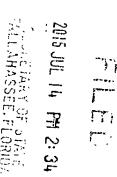
| (Requestor's Name) | | | | | |
|---|--------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

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|--------|--|---------------------|-----------------------|---------------------------|--------------|------------------|-------|
| TO: | Registration Section Division of Corporations | ā. | ≱ ⁸ | | A.M. 45 | . • • | 'پسي |
| SUB | ROCHE PARKING SEI | RVICES, LLC. | | | | | |
| | | Name of Limite | d Liabilit | y Company | | | |
| Dear | Sir or Madam: | | | | | | |
| The e | nclosed Registered Agent/Registere | d Office Change | and fee(s) | are submitte | d for filing | | |
| Please | e return all correspondence concern | ing this matter to | the follow | ving: | | | |
| Meli | sa Martin | | | | | | |
| c | Name of Person | | | | | | |
| Rocl | he Parking Services, LLC | | | | | | |
| | Firm/Company | | | | | | |
| 4107 | 7 North Himes Avenue, 2nd Fl | oor | | | | | |
| | Address | | | | | | |
| Tam | pa, Florida 33607 | | | | | | |
| | City/State and Zip C | ode | | | | | |
| miss | y@rochesurety.com | | | | | | |
| | E-mail address: (to be used for future | re annual report r | notificatio | n) | | | |
| For fi | arther information concerning this m | natter, please call | • | | | | |
| Melis | sa Martin | 813 at (| 6 | 23-5042 | | | |
| | Name of Person | | Are | a Code & Da | ytime Telep | ohone Nu | ımbeı |
| | STREET/COURIER ADDRES | S: | | NG ADDRES | SS: | | |
| | Registration Section | | | tion Section | | | |
| | Division of Corporations | | | | | | |
| | Clifton Building 2661 Executive Center Circle | | | (632 / see, Florida 3 | 12314 | | |
| | Tallahassee, Florida 32301 | | i ailaliaS | sce, i ibilua 3 | 12317 | | |

Enclosed is a check for the following amount:

2 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. N | Tame of the limited liability company: ROCHE PA | RKING SEI | RVICES, LLC | | | | |
|--|--|---|---|--|--|--|--|
| 2. (a) | ROCHE PARKING SERVICES, LLC | (b) F | (b) ROCHE PARKING SERVICES, LLC | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 4107 NORTH HIMES AVE, 2ND FLOOR | 4 | 107 NORTH HIME | ORTH HIMES AVE, 2ND FLOOR | | | |
| | TAMPA, FLORIDA 33607 | | TAMPA, FLORIDA 33607 | | | | |
| | 10/01/2014 | L1 | 4000154550 | | | | |
| 3. | Date of filing/registration in Florida STEVE MAROTTA | 4. | Document nu | ımber | | | |
| 5. (a | Registered Agent and Registered Office shown on the records ROCHE MONITORING SERVICES, LLC | | ept. of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE 1910 ORIENT ROAD | ET ADDRESS) | | | | | |
| | TAMPA | FL_33619 | | | | | |
| (b) | MELISA MARTIN Enter name of NEW Registered Agent and/or NEW Register | red Office addre | <u></u> <u>\$\$</u> : | 2015 JUL 14 | | | |
| | ROCHE MONITORING SERVICES, LLC | | | | | | |
| | NEW Registered Office Address: | | 1 2: 1 2: | | | | |
| | 4107 NORTH HIMES AVENUE, 2ND FLC | | <u>7</u> | | | | |
| | TAMPA | _{FL} 33607 | | | | | |
| the chagent was/v the ar | limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the member of a member or authorized representative of a member | of the registe I liability com rs of the limite the limited lial | red office and the busing pany, it is hereby confict liability company or bility company or bility company. ANDO ROCHE | ness office of the registered irmed that the change(s) | | | |
| I her provi the of to me notifi | reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi refy) reflect a change in the registered office address, ed in writing of this change. | agree to act ir eie performan ided for in Ch , I hereby con | this canacity. I further | er garee to comply with the | | | |