1500031682

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

Office Use Only



700302003427

08/04/17--01022--033 **25.00



* COVER LETTER

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Statching Rocks LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling	<u>;</u> .
Please return all correspondence concerning this matter to the following:	
Michael Bush Name of Person	
Stretching Rocks LLC Firm/Company	
ISOO COROVA RJ # 204 Address	
Address	
Ft. Landuchle FL 33316	:-
City/State and Zip Code	
mbush@stretalzone.com	-
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	· .
Michael Bush at 954, 328-9028	٠-
Name of Person Area Code & Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive 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 amount:	

☐ \$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. Name of the limited liability company: Stretching ROCKS LLC.

1. Name of the limited liability company:

2. (a) 1703 COROWA Rd

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

FI. Landard FL 33316

O2 19 2015

Date of filing/registration in Florida

5. (a) Street Zore Holling LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State
922 N. Federal Huy

Registered Office Address

MUST BE FLORIDA STREET ADDRESS)

FA. Landard F. 33304

(b) Michael Bush

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

1500 COROWA Rd #204

NEW Registered Office Address:

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.

Michael Bus L

Signature of a member or authorized representative of a member.

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 friting of this change.

Signature of Registered Agent