115000046895

(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:							
gga 1144							

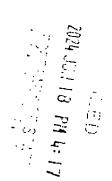
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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	me of the limited liability company: ROSES-FP T	HREE, LL	.С				
2.	(a)		((b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Jailing address of lin	nited liability company: POST OFFICE BOX)	
		3310 Mary Street Suite 302			3310 Mary Street Suite 302			
		Coconut Grove, FL 33133			Coconut G	Grove, FL 33133		
		03/16/2015		1	L15000046	8895		
3.		Date of filing/registration in Florida	4.	_	1	Document numb	er	
5.	(a)							
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State NRAI SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				: ::		
						•	- •	
		1200 SOUTH PINE ISLAND ROAD				2024 . · ·		
	(b)	PLANTATION	FL_33324			•		
		Enter name of NEW Registered Agent and/or NEW Registe				2024 JUN 18 PH 4: 17		
		Corporation Service Company				-27 5		
		NEW Registered Office Address:				•		
		1201 Hays Street						
		Tallahassee	FL_32301					
cha age wa	ange ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the company of the content of the operating agreement of the content of the operating agreement of the content of the operating agreement o	the registe liability e s of the li	red on mit	l office and npany, it is ted liability	I the business off hereby confirme company or as c	ice of the registered d that the change(s)	
Xie E. Coni				JILL CILMI, AUTHORIZED PERSON				
	~	urc of a member or authorized representative of a member			_	Printed or typed nar	· ·	
pre the to not	ovisio obli mere tifica	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address, 'in writing of this change.	igree to ac te perforn ded for in I hereby c	et i nar Ch con	n this capa ace of my d apter 605, afirm that th	city. I further ag luties, and I am fa F.S. Or, if this a he limited liabilit	ree to comply with the amiliar with and accept document is being filed by company has been	
Sig	gnatur	Urace C. Kuble e of Registered Agent	GRACE	E.	KIRBY, A	ASST. VICE PRI	ESIDENT	