L15000053301

(Requestor's Name)								
(Address)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	MAIT	MAIL						
(Bu	isiness Entity Nan	ne)						
(Do	ocument Number)							
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								
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2016 SEP 28 PK 5: 03

K. SALY SEY 3 0 2016

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Rogue Investment Propertie	s, LLC				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	following:			
Janic	e Null OBO InCorp Services, Inc.					
	Name of Person		_			
InCor	p Services, Inc.					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·				
1788	8 67th Court North					
	Address					
Loxal	natchee, FL 33470					
	City/State and Zip Code					
Dona	ldWhittaker@Gmail.Com					
E	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	ther information concerning this matter,	please call:	•			
Dona	ld Whittaker	727 at (254-3448			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 standard Section 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	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.

	me of the limited liability company: Rogue Inves	···	<u></u>		NF St Petershum FL 3
(a)	1805 Bayou Grande Blvd. NE, St. Petersburg F Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		h)	Mailing address of limite (Natc: MAY BE POS	I liability company.
	03/25/2015		L150000		
	Date of filing/registration in Florida Corporation Service Company	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records o 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET)			.	2016 SEP 28
	Tallahassee, F	1_3230	1	_	P 28
(b)	InCorp Services, Inc.				The T
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	•••	F. F. O.
	17888 67th Court North NEW Registered Office Address:			-	
	Loxahatchee	33470)	_	
gent v as/we as arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the line le limited	istered offic company, it mited liabili	ce and the business of is hereby confirmed ty company or as oth mpany.	ffice of the registered that the change(s)
herel rovisi ne obl merc otified	are of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect of change in the registered office address, it in writing of this change. Kathy Shin on the control of the change is the control of the change.	e perforn led for in I hereby	nance of my Chapter 60 confirm that	duties, and I am fam 5, F.S. Or, if this doe the limited liability o	a to comply with the

Division of Corporationso P.O. Box 63270 Tallahassee, FL 32314 FILING FEE: \$25.00