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COVER LETTER

TO: Régistration Section

NHS18 (2/14)

sion of Corporations				
Ronec Enterprises LLC				
Name of Limited Liability Company				
Madam:				
d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
all correspondence concerning thi	s matter to the	following:		
nec				
Name of Person				
terprises LLC				
Firm/Company				
ayshore Dr., Suite 405				
Address				
33133				
City/State and Zip Code				
nec.com				
		ication)		
information concerning this matter,	please call:			
onec	305 at (600-2521)		
Name of Person		Area Code & Daytime Telephone Number		
REET/COURIER ADDRESS: distration Section ision of Corporations from Building 1 Executive Center Circle lahassec, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314		
closed is a check for the following	amount:			
325 Filing Fee	□ s	55 Filing Fee & Certified Copy		
	Name of Person Registered Agent/Registered Office all correspondence concerning this nece Name of Person Rerprises LLC Firm/Company Tyshore Dr., Suite 405 Address 33133 City/State and Zip Code The company address: (to be used for future annual neces) Name of Person REFT/COURIER ADDRESS: istration Section ision of Corporations from Building I Executive Center Circle ahassee, Florida 32301 Flosed is a check for the following	Ronec Enterprises LLC Madam: Registered Agent/Registered Office Change and a all correspondence concerning this matter to the nec Name of Person Rerprises LLC Firm/Company syshore Dr., Suite 405 Address 33133 City/State and Zip Code nec.com address: (to be used for future annual report notifinformation concerning this matter, please call: nec Name of Person REET/COURIER ADDRESS: Mistration Section Reistration Section Ron Building 1 Executive Center Circle ahassee, Florida 32301 closed is a check for the following amount:		

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.

. Na	me of the limited liability company:	rises LLC		
2. (a)	Ronec Enterprises LLC	(b) Ronec	ec Enterprises LLC	
(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2951 S Bayshore Dr., Suite 405	2951 S	Bayshore Dr., Suite 405	
	Miami, FL 33133	Miami,	FL 33133	
	04/06/2015	L150000	060143	
3.	Date of filing/registration in Florida	4.	Document number	
s. (a)	United States Corporation Agents, Inc.			
'. (a)	Registered Agent and Registered Office shown on the records of 9900 Spectrum Drive, Austin, TX 78717	the Florida Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET) (855) 787-1220 x 5915	ADDRESS)	2019 F	
	, FL		2019 FEB 12	
(b)	Robert E Ronec		S · PER	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	PHI2: 45	
	Ronec Enterprises LLC		- 	
	NEW Registered Office Address:			
	2951 S Bayshore Dr., Suite 405			
	Miami, FL 33133		_	
the changent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered offi ability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. ec	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of his change.	ree to act in this ca e performance of m ed for in Chapter 60 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am Jamiliar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signati	are of Rogisteria Agent			