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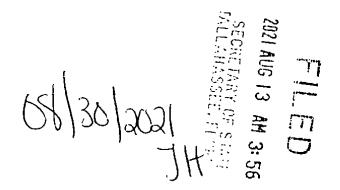
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	Registration Sect ion at Division of Corporations	₹€
SUBJE	CT: ROCK BECARGE Name of Lim	ted Liability Company
Dear Sir	or Madam:	
The enc	losed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter	o the following:
	KAREN RIDDELL Name of Person	,
	11 PARTS MOVE IC	
	6392 NW 84 AVE	
	DORAL FloriDA 331 City/State and Zip Code	66
	KAREN@ AII PARTS MOVE . CO. mail address: (to be used for future annual repor	notification)
For furt	ner information concerning this matter, please ca	li:
		86 391-0511
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	
`	\$25 Filing Fee	☐ \$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.

o change its registered office or registered agent, or both, in the State of Florida.
1. Name of the limited liability company: ROCK RECARGADO LIC
2. (a)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
6 7 7 2 4 1 1 1 0 1 4 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DADAL [1 3011
DORAL Fl. 33166
APRIL 7 2015 Date of filing/registration in Florida 4. Document number
5. (a) RAFAEL E SOSA P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3971 SW ERSTREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 305
MIAMI FL 33134
(b) KICHARD WOLFE
(b) RICHARD WOLFE Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
LATITUDE ONE OFFICES SUITE 2410
MIRM., FL 33130
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
- Marine manage company.
Signature of a member of authorized representative of a member Printed or part semestric.
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 notified in writing of this change.
Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00