215000153004

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRÉTARY OF STATE

K. SALY NOV 1 6 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

ROE MANAGEMENT GROUP LLC ROBERT K ROE 2421 NE 5TH AVE. POMPANO BEACH, FL 33064

SUBJECT: ROE MANAGEMENT GROUP LLC

Ref. Number: L15000153004

SECRLIAR (OF SIALL ALLAHASSEE, FLORIDA

We have received your document for ROE MANAGEMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00023441

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	Registered Agent change		
		ne of Limited Liability Company	
Dear S	ir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following:	
Robe	ert K Roe		
	Name of Person		
Roe	Management Group LLC		
	Firm/Company		
2421	NE 5th Avenue		
	Address		
Pom	pano Beach FL 33064		
	City/State and Zip Code		
RKR	OE@BELLSOUTH.NET		
.]	E-mail address: (to be used for future ann	nual report notification)	
For fu	rther information concerning this matter	, please call:	
ROB	ERT K ROE	954 325-9752 at ()	
	Name of Person	Area Code & Daytime Telephone Numb	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Registration Section		
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32314		
	Tallahassee, Florida 32301		
Enclosed is a check for the following amount:			
	■ \$25 Filing Fee	□ \$55 Filing Fce & 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.

1. Na	ame of the limited liability company: Roe Manager	nent Group I	LLC
2. (a)	2421 NE 5TH Avenue	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach		
	FL 33064		
	09/08/2015	L150	00153004
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	John Kochkerian ESQ		
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	of State:
	10231 Lake Vista Court		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2016 SE TAL
	Parkland , FL	33076	PILED 2016 NOV 14 PH 1: 37 SEUNE TARY OF STATE FALLAHASSEE, FLORIE
(b)	Robert K Roe		NIL PH 1: 32 HASSEE, FLORID
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	FEST T
	2421 NE 5th Avenue		RIO 32
	NEW Registered Office Address:		
	Pompano Beach , FL	33064	
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered obliting the bility company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	12	Karen A	Roe
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

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

Signature of Registered Agent