116000117987

(Requestor's Name)					
(Address)					
(Address)					
(Čity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Cenificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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18 FEB -5 PH 2: 2

J. LEGGETT FEB 0 5 2018



January 23, 2018

STEPHEN VIGNOLA 1836 TULIP LANE WELLINGTON, FL 33414 US

SUBJECT: ROYAL LOWNESS, LLC

Ref. Number: L16000117987

We have received your document for ROYAL LOWNESS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 218A00001408

RECEIVED

FEB 0 5 2018

COVER LETTER

TO: Registration Section Division of Corporations		
Royal Lowness SUBJECT:		
	of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this i	natter to the	following:
Stephen Vignola		
Name of Person		
Royal Lowness		
Firm/Company		
1836 Tulip Lane		
Address		<u> </u>
Wellington, FL. 33414		
City/State and Zip Code		
Steevyftbs@gmail.com		
E-mail address: (to be used for future annua	I report notif	fication)
For further information concerning this matter, pl	ease call:	
Stephen Vignola	561	562-3999
Name of Person	<u></u>	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following ar	nount:	
□ \$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.

. Na	me of the limited liability company: Royal Lownes	S		***
. (a)	9269 Delemar Ct Wellington, FL	(b) 9269 Delemar Ct Wellington, FL		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	33414	-	33414	
	6/20/2016	_ 	160001	17987
	Date of filing/registration in Florida	4.		Document number
(a)	13302 Winding Oak Court			
(4)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of Sta	
	Tampa, FL 33612			
	Registered Office Address (MUST BE FLORIDA STREET A	- BB -5 TICE		
	, FL_			- : D - : D
(b)	Stephen Vignola			REDA
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	
	NEW Registered Office Address:			-
	1836 Tulip Lane			_
	Wellington , FL	33414		
e cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the limi imited li	tered office mpany, it ited liabilite ability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Siant	ture of a member or authorized represonative of a member	Step	hen Vig	Printed or typed name of signee
herei rovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act performa for in C ereby co	in this cap ince of my hapter 60 nfirm that	pacity. I further agree to comply with the