116000212527

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





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S. YOUNG PH 5: 17

COVER LETTER

TO:	Registration Section Division of Corporations		•		
	Division of Corporations				
SUBJ	Rootkan 2016, LLC ECT:		•		
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Office C	hange and	l fee(s) are submitted for filing.		
Please	e return all correspondence concerning this ma	itter to the	following:		
Bruce	M Nakfoor, Jr				
	Name of Person				
Roofk	an 2016, LLC				
	Firm/Company				
340 C	olony Dr				
	Address				
Naples	s, FL 34108				
	City/State and Zip Code				
JBunn	ell@InspireOncology.com				
	E-mail address: (to be used for future annual r	eport notif	fication)		
For fu	orther information concerning this matter, plea	se call:			
James	Bunnell	239	470.4048		
	Name of Person	. (Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amo	ount:			
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

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.

	(b) [*]	(b) 340 Colony Dr		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) uples, FL 34108		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Vaples, FL 34108		
22/2016		6000212527		
Date of filing/registration in Florida	 4	Document number		
nes Bunnell				
istered Agent and Registered Office shown on the records 21 Daniels Pkwy	ept. of State:			
gistered Office Address (MUST BE FLORIDA STREE	2021 JAN 2			
rt Myers	FL			
		P		
er name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	55:			
0 Colony Dr		7		
W Registered Office Address:				
aples	FL 34108			
	laws of the Sta he registered of liability comp s of the limite he limited liab	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
of a member or authorized representative of a member		Printed or typed name of signee		
ceent the annointment as registered agent and a	igree to act in te performanc ded for in Cha I hereby confi	this capacity: I further agree to comply with the		
ccept th of all st ions of i reflect a writing	e appointment as registered agent and a attites relative to the proper and comple my position as registered agent as provichange in the registered office address, of this change.	per or authorized representative of a member e appointment as registered agent and agree to act in atutes relative to the proper and complete performance my position as registered agent as provided for in Cha change in the registered office address, I hereby confi		