# 116007333357

		_
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		:
		į
		1

Office Use Only



500300123505

05/09/17--01014--009 \*#35.90

2017 JUL - 7 AM 10: 19
SECAL ANASSES FOR SECTIONS

TALLAHASSES FOR SEC

In the best of the second

#### COVER LETTER

**4** )

TO: Registration Section Division of Corporations
SUBJECT: ROLLE LAW LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig D. Rolk Name of Person
Polle Law LLC Firm/Company
231) First Street Unit 702
Fort Myers Florida 33901 City/state and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craig D. Rolle at (617) 872-8368  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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
(1 \$25 Filing Fee & Certified Copy
INHSIS(2/14) ( Already paid (see Alloched Letter)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2017

CRAIG ROLLE 2310 FIRST STREET UNIT 702 FORT MYERS, FL 33901

SUBJECT: ROLLE LAW LLC Ref. Number: L16000233357

We have received your document for ROLLE LAW LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00011943

2017 JUL - 7 THE TOP TO SECUL DATE OF THE SECUL DATE OF THE SECUL AND SECUL FOR THE SECUL AND A SECUL

#### 1

### 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

101

Florida			
1. Name of the limited liability company:	Kollelan	LLC	
2. (a) Principal office address of limited habit (Note: MUST BE STREET AD	DRESS)	Mailing address of limited (Note: MAY BE POST	OFFICE BOX)
Fort Miges, Florica		<u>100 AistStre</u> _ Fort-Myeas	
J2/28/2011e  Date of filing/registration in 1	Norida 4.	Document number	3357
5. (a)  Registered Office Address  Registered Office Address  A 400 H(S+S)	D. Rolle		i • ¬
(b) Enter name of NEW Resistered Agent and/or  NEW Registered Office Address:	olle		2017 JUL - 7 AM 10:
2310 First & Fort Myers	street Unit	+ 702 F	<b>ن</b> (۳۰ <b>نی</b>
If the limited liability company is not organize the change or changes are made, the Florida stagent will be identical. Or, in the case of a Fl was/were authorized by an affirmative vote of the articles of organization or the operating age.  Signature of a member or authorized representative of	treet address of the registered of orida limited liability company in the members of the limited liability creement of the limited liability company in member	office and the business office is hereby confirmed the ability company or as other company.  Printed or typed name of	ice of the registered at the change(s) rwise provided in
I hereby accept the appointment as registered provisions of all statutes relative to the properties obligations of my position as registered as to merely reflect a change in the registered of the control of the provision of the control of the con	r and compleie performance of gent as provided for in Chapter	<sup>e</sup> mỳ duties, ánd 1 am famil · 605, F.SOr, if this docu	liar with and accept ment is being filed

Signature of Registered Agent