

L17000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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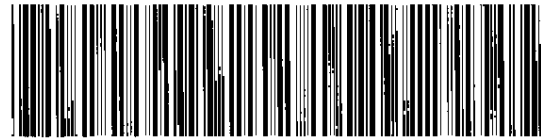
(Business Entity Name)

(Document Number)

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2017 APR 17 P 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n BRUCE  
APR 18 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROAN ANTELOPE INVESTMENTS 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:

Name of Person  
**NORTHWEST REGISTERED AGENT LLC**  
Firm/Company  
**906 W. 2ND AVENUE, STE 100**  
Address  
**SPOKANE, WA 99201**  
City/State and Zip Code  
**support@northwestregisteredagent.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Woodworth at ( 509 ) 768-2249  
Name of Person 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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**2011 APR 17 P 3 39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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. Name of the limited liability company: ROAN ANTELOPE INVESTMENTS LLC
2. (a) 505 RIVERFRONT PARKWAY  
Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)  
CHATTANOOGA, TN 37402
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
\_\_\_\_\_  
\_\_\_\_\_
3. 01/03/2017 Date of filing/registration in Florida
4. L17000001911 Document number

5. (a) AM&E SERVICES LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

605 E. ROBINSON STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 730

ORLANDO, FL 32801

- (b) NORTHWEST REGISTERED AGENT LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Drive, STE 150A

NEW Registered Office Address:

Tampa, FL 33607

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TALLAHASSEE, FLORIDA


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 the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

HIREN DESAI / MANAGER

Printed or typed name of signee

*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 to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Tom Glover --Assistant Secretary  
Signature of Registered Agent