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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Prione : (702)866-2500

Fax Number : (702)856-2639

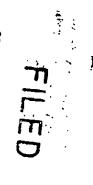
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LLC REGISTERED AGENT CHANGE ROCKET MGA LLC

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SECRETARY OF STATE



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROCKET MGA LLC	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing
Please return all correspondence concerning this matter to the	
,	
Olivia Gonzales	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Parkway Suite 500S	
Address	
1	
Las Vegas, NV 89169-6014 City/State and Zip Code	
documents@incorp.com E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
,,,,	
Olivia Gonzales for InCorp Services, Inc. at (800) 246-2677 ext. 6918
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
(allaliassos, L.E. 525 ()	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
ប់ \$25 Filing Fee □ \$5	55 Filing Fee & Cenified Copy
INHS18 (2:14)	J

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 Fiorida.

I. Na	nme of the limited liability company: ROCKET M	GA LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/13/2017 Date of filing/registration in Florida	4.	L17000083577 Document number
5. (a)	DERREVERE, JON D, ESQ Registered Agent and Registered Office shown on the records of 2005 VISTA PARKWAY, SUITE 210 Registered Office Address of AWST REST OF BLACKERS		
	WEST PALM BEACH , FL	33/11	TALL AHASSE
(b) <u>-</u>	InCorp Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 17888 67th Court North	Office address:	AH 9: 35 OF STATE SSEE, FL
	NEW Registered Office Address:		
the chan agent wi was/wer	Loxahatchee ,FL nited liability company is not organized under the lav age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia be authorized by an affirmative vote of the members of les of organization or the operating agreement of the	vs of the State of the registered off ability company, in the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		Raymond (Graceffo
I hereby provisio the oblig to nure!	re of a member or authorized representative of a member of a decept the appointment as registered agent and agrous of all statistics relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address, I have the change of this change. Olivia Gonzales on bethe properties of the change of the change of this change.	performance of m i for in Chapter 6 seroby confirm the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
- y)c	Division of Corporations • P.O. B	ox 6327• Tallah	assee, FL 32314

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