17000083577

(Re	questor'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:					

Office Use Only



800351343398

09/03/20--01025--014 **25.00

2020 SEP -2 PH 3: LT DECRETARY OF STATE

Ja Wlybo



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 1, 2020

Order#: 400883/004

Re: ROCKET MGA LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	lame of the limited liability company: ROCKET MGA	LLC		
2. (a)	2005 VISTA PARKWAY SHITE 200		2005 VIS	STA PARKWAY, SUITE 200
z. (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)
	WEST PALM BEACH, FL 33411	<u> </u>	WEST PA	ALM BEACH, FL 33411
	04/13/2017	_	L17000083	3577
3. 5. (a	Date of filing/registration in Florida INCORP SERVICES, INC.	4.		Document number
J. (A	Registered Agent and Registered Office shown on the records of 17888 67TH CT N	the Florid	ia Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	LOXAHATCHEE , FL	33470		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	Office a	ddress:	-
	1201 Hays Street			
	Tallahassee	32301		_
chang agent was/v the ar	Jimited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the register ability confitne lin limited	red office an ompany, it i nited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provi: the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I l ed in writing of this change.	pertorn	iance of mv	duties, and I am familiar with and accept
C:	Drose Lithby			
Signal Grace	ture of Registered Agent F. Kirby, Asst. Vice President on behalf of Corporation Service Con	anany		