L17000083805

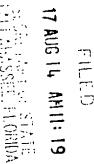
| (Requestor's Name) | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filling Officer: SECUL AND 14 PM SET 1/AIL SECUL AND 15 IN INTERIOR | | | | | | |

Office Use Only



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S. WARREN AUG 1 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|--|--|
| SUBJECT: MINEREX, LLC Name of Limited Liability Company | | | | | | | |
| | | | | | | | |
| The enclosed Registered Agent/Registered Office | e Change and | f fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this | s matter to the | following: | | | | | |
| JB ROTH | | | | | | | |
| Name of Person | | | | | | | |
| ROTH LAW FIRM PL | | | | | | | |
| Firm/Company | | | | | | | |
| 6100 GREENLAND RD., SUITE 604 | | | | | | | |
| Address | | | | | | | |
| JACKSONVILLE, FL 32258 | | <u></u> | | | | | |
| City/State and Zip Code | | | | | | | |
| JB@ROTHLAWFIRM.NET | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For further information concerning this matter, p | olease call: | | | | | | |
| JB ROTH | 904 _ at (| 595-7900 | | | | | |
| 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 | Filing Fee & Certified Copy | | | | | | |
| INHS18 (2/14) | | | | | | | |

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 | ame of the limited liability company: MINEREX, L | LC | | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | 4856 FIRST COAST HWY | (1 | ₅₎ 4856 F | IRST COAST HWY |
| 2. () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | NO 1 | | NO 1 | |
| | FERNANDINA BEACH, FL 32034 | | FERNA | NDINA BEACH, FL 32034 |
| | 04/14/2017 | | L170000 | 983805 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | ROTH LAW FIRM PL | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florid | a Dept. of Sta | te: |
| | 234 CANAL BLVD | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES. | 5) | |
| | SUITE 2 | | | 6 7 |
| | PONTE VEDRA BEACH . FI | 32082 | | MIG THE MAIN: 19 |
| (b) | ROTH LAW FIRM PL | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | l Office ad | dress: | |
| | 6100 GREENLAND ROAD | | | , , , , , , , , , , , , , , , , , , , |
| | NEW Registered Office Address: | | | _ |
| | SUITE 604 | | | _ |
| | JACKSONVILLE FI | 32258 | | _ |
| the cha agent v was/w | limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the regi iability co of the lin | stered offic ompany, it nited liabili | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | | JE. | AN B RO | TH, AUTH. REPRESENTATIVE |
| Signa | ture of a member or authorized representative of a member | | | 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.

Signature of Registered Agent