

L170000 88674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

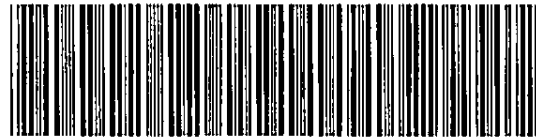
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303406696

09/15/17--01020--001 **25.00

FILED
26 SEP 15 PM 3:14
FALL ARIZONA COUNTY

SEP 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCI POOLS 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:

GEORGE F. MAYNARD

Name of Person

THE MAYNARD LAW FIRM LLC

Firm/Company

620 GLEN IRIS DRIVE NE, SUITE 103

Address

ATLANTA, GEORGIA 30308

City/State and Zip Code

GMAYNARD@MAYNARDLAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE F. MAYNARD

at (404)

817-0098

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

**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: ROCI POOLS LLC

2. (a) 815 ORIENTA AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 2020
ALTAMONTE SPRINGS, FLORIDA 32701-5600

(b) 815 ORIENTA AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 2020
ALTAMONTE SPRINGS, FLORIDA 32701-5600

3. 04/20/2017 Date of filing/registration in Florida

4. L17000088674 Document number

5. (a) RUSTIN DURDEN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1524 REDWOOD GROVE TERRACE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) KEITH LEHMANN
Enter name of NEW Registered Agent and/or NEW Registered Office address:
815 ORIENTA AVENUE
NEW Registered Office Address:
SUITE 2020
ALTAMONTE SPRINGS, FL 32701-5600

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]
Signature of a member or authorized representative of a member

GEORGE F. MAYNARD, GA. BAR NO 479610
Printed or typed name of signer

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.

Keith Lehmann / Em
Signature of Registered Agent