## 17000107230

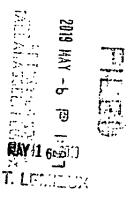
(Requestor's Name)					
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05/06/19--01027-001 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporation	s			
SUBJECT:	Name of Limited Liability Company			
	, 2			
Dear Sir or Madam:				
The enclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence	e concerning this matter to the following:			
ANITA	BARONE of Person			
ROTH PROPE	ERTIES LLC.			
308 TAN	VERNIER DR			
City/State a	Z FLORIDA 34677 and Zip Code			
E-mail address: (to be used	6770yahoo-Com d for future annual report notification)			
For further information concern	ing this matter, please call:			
ANITA BAKI				
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	Registration Section  Division of Corporations P.O. Box 6327  Circle Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 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.

<i>г</i> юни				
1. Na	ame of the limited liability company:ROTH	PROPERTIE	s LLC	
2. (a)	308 TAVERNIER DR	(b) 308 T		RDR
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing a	ddress of limited liabil MAY BE POST OFF	ity company:
	OLDSMAR FL 34677	OLDSN		<u></u> 34677
	. ,			
7	Date of filing/registration in Florida		700010	7230
3.			nent number	
5. (a)	United States Corporation Registered Agent and Registered Office shown on the records of the	1 Agents, In	C.	
		our+		
	Registered Office Address (MUST BE FLORIDA STREET AD	<del></del>		
	Suite A		ପ୍ତ : ଲୁ	
		22612	MA BIRA	73
	lampa ,FL_	23614		a salar
(b)	ANITA BARONE		(A)	<u> </u>
, ,	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:	70	
	308 TAVERNIER DA	>		•
	NEW Registered Office Address:		لس الم	
		011/77		
	OLDSMAR FL	346 + +		
	limited liability company is not organized under the laws			
agent v	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabi	lity company, it is hereby	y confirmed that th	e change(s)
	ere authorized by an affirmative vote of the members of the icles of organization of the linguity and the control of the control of the linguity and the li		any or as otherwise	e provided in
	Illieta Barone	ANI	TA BARON or typed name of signs	JE
_	nture of a member or authorized representative of a member			
provisi the obl to mer	thy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided for elv reflect a change in the registered office address, I hered in writing of this change.	to act in this capacity. I rformance of my duties, o or in Chapter 605, F.S. ( why confirm that the limi	further agree to c and I am familiar v Or, if this documer ted liability compo	omply with the with and accept it is being filed any has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00

MOSUR

Signature of Registered Agent