

L17000136156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

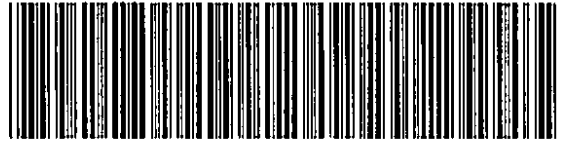
(Business Entity Name)

(Document Number)

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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spring Rock Capital 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:

Eti Reitzer

Name of Person

Spring Rock Capital LLC

Firm/Company

120 Hombre Cir

Address

Panama City beach, FL 32407

City/State and Zip Code

eti@shinuibuild.com

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

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For further information concerning this matter, please call:

Eti Reitzer at (850) 7085523
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.

Spring Rock Capital LLC

1. Name of the limited liability company: _____

2. (a) _____ 120 Hombre Cir (b) _____ 120 Hombre Cir

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

_____ Panama City Beach, FL 32407

_____ Panama City Beach, FL 32407

_____ 07/19/2018

_____ L17000136156

3. _____ Date of filing/registration in Florida

4. _____ Document number

_____ Barron & Redding

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
_____ 220 McKenzie Ave.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____ Panama City, FL 32401

_____ Andrew Bales

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

_____ 120 Hombre Cir

_____ NEW Registered Office Address:

_____ Panama City Beach, FL 32407

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.

_____ Andrew Bales

_____ Signature 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

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

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