## 117000187615

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Robby Dean 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:	
Joelle Schultz Esq. Name of Person	
Law Office of Joelle Schultz, LCC Firm/Company	
13555 automobile Blud, Suite 300	
City/State and Zip Code	<u>n</u>
Joelle Toelle Chultzlau Con  E-man address no be used for future annual report notification)  For further information concerning this matter place at the	ニアフ
For further information concerning this matter, please call:	
Telle Schult at 727 571-1300  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:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee



February 12, 2018

JOELLE SCHULTZ, ESQ 13555 AUTOMOBILE BLVD SUITE 300 CLEARWATER, FL 33762

SUBJECT: ROBBY DEAN, LLC Ref. Number: L17000187615

We have received your document for ROBBY DEAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please amend document to reflect current registered agent on part 5a of document, and please write new registered agent on part 5b.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 318A00002958

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## 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. Na	ame of the limited liability company: Robby Dean, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	2733 Via Cipriani, Unit 815A 2733 Via Cipriani, Unit 815A Clearwater, FL 33764 Clearwater, FL 33764
	September 1, 2017 L17000187615
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Ucelle Schultz Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Law Office of Jodle Schulb LLC # - In
	NEW Registered Office Address:  13555 Automobile Blut. Site 300
	Cleaninter ,FL 33762
the cha agent v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the fr	cre authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization on the operating agreement of the limited liability company.  When of a member or authorized representative of a member  Printed or typed name of signee
I here	by accept the appointment as registered agent and agree to act in this canacity. I further agree to comply with the
$\mathcal{L}$	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d imwriting of this change.
Signatu	ire of Registered Agent

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

INHS18 (2/14)