

L18000014406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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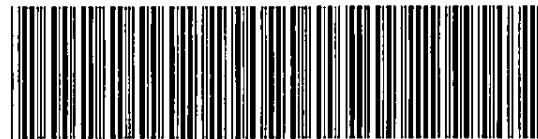
(Business Entity Name)

(Document Number)

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COVER LETTER:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS

RE: TRAKKIT, LLC

THE ENCLOSED REGISTERED AGENT/ REGISTERED OFFICE CHANGE AND FEE  
(\$25) ARE ENCLOSED.

TOM ROBERTS  
4581 WESTON ROAD, NO. 186  
WESTON, FL 33331

ADDITIONAL CONTACT INFORMATION FOR TOM ROBERTS:  
[TOM@UVIEWIT.COM](mailto:TOM@UVIEWIT.COM)  
(954) 609 9961

## 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: TRAKKIT, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

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

4581 WESTON ROAD NO. 186

WESTON, FL 33331

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

4581 WESTON ROAD, NO. 186

WESTON, FL 33331

JANUARY 18, 2016

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3. Date of filing/registration in Florida 4. Document number

5. (a) CHARLES D. FRANKEN, PA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

112 HAZELWOOD DRIVE

PONTE VEDRA 32081  
FL

(b) TOM ROBERTS

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4581 WESTON ROAD NO. 186

WESTON 33331  
FL

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.

TOM ROBERTS

Printed or typed name of signee

Signature of a member or authorized representative of a member

*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.*

TOM ROBERTS  
Signature of Registered Agent

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