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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: RODRIGUEZ ELECTION Name of Limit	TRIC USA LUC	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
MANUEL CONPADO RODRIGUES  Name of Person	2		
RODRIGUEZ ELECTRIC WA	I UC	29	
300 TAMIAMI BW Address		2018 HAR -5	FILED
MIAMI, FL 33144 City/State and Zip Code	SEE FLOR	T F	
ADRIANA LEIGHTONO LIVE E-mail address: (to be used for future annual report	fage (	ं ड	
For further information concerning this matter, please ca	II:		
at (	,		
Name of Person	Area Code & Daytime Telephone Numb	er	
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		

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.

1. Na	ame of the limited liability company: RODE160E	2 ELEC	TRIC USA UC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>300 ТА</u>	MIAMI P.W., MIAMI Mailing address of limited liabilit (Note: MAY BE POST OFFICE	y company:
3. 5. (a)	TEBRUARY D1, 2018  Date of filing/registration in Florida 4.  MANUEL CONRADIO	LIS	DDDD29492 Document number	
(b)	Registered Agent and Registered Office shown on the records of the Flo  300 TAMIAMI BUND  Registered Office Address (MUST BE FLORIDA STREET ADDRE  MIAMI , FL 32  MANUEL CONPADO PODRIGIE  Enter name of NEW Registered Agent and/or NEW Registered Office	ess) 5144	2018 NAR -S P 12: 34 SEGRETHARY OF STATE TALLAHASSEE, FLORID.	FILED
	NEW Registered Office Address:  300 TAMIAMI BUD  FL 3	3144	BA Se	
the cha agent w was/we the arti Signat	mited liability company is not organized under the laws of tange or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the least of organization or the operating agreement of the limited was a member or authorized representative of a member or authorized representative of a member of a me	he State of Floring istered office company, it is imited liability disability con March in this can	e and the business office of s hereby confirmed that the y company or as otherwise npany.  Printed or typed name of signed acity. I further agree to confirmed to the signed acity.	the registered change(s) provided in
MA	ons of all statutes relative to the proper and complete performs of my position as registered agent as provided for it is reflect a change in the registered office address, I hereby it in writing of this change.  WELLOBUEZ  The of Registered Agent	rmance of my n Chapter 602 confirm that	auties, and I am Jamiliar wi 5, F.S. Or, if this document the limited liability compan	un and accept is being filed y has been