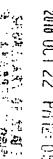
18000044136

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP / ☐ WAIT					
PICK-UP (WAIT) MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
appearant monderions to raining officer.					

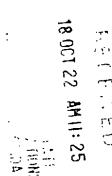
Office Use Only



200319783962



10/22/18--01009--005 **25.00



M. MILLIGAN OCT 22 2018

COVER LETTER

10:	Division of Corporations						
	Roll-O-Mation of Florida, LL	.C					
SUBJ	SUBJECT:Name of Limited Liability Company						
	Sir or Madam:		- V P' -				
		~ Ol 14					
	nclosed Registered Agent/Registered Off	-	·				
Please	return all correspondence concerning th	is matter to the f	following:				
Craig	g Prus						
	Name of Person		_				
Roll-	O-Mation of Florida, LLC						
	Firm/Company		_				
3703	Preserve Bay Boulevard						
	Address		_				
Pana	ama City Beach, FL 32408						
	City/State and Zip Code		_				
craig	@accountingministry.com						
	E-mail address: (to be used for future ann	nual report notific	cation)				
For fu	rther information concerning this matter,	please call;					
Craig) Prus	=	400-6082				
	Name of Person	at (Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec. Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy				
INHSI	8 (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. I	Name of the limited liability company:	n of Florida, L	LC
2. (a	.,	(b)	
۷. (۵	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3703 Preserve Bay Boulevard	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Panama City Beach, FL 32408		• · · · · · · · · · · · · · · · · · · ·
	19 February 2018	L180	00044136
3.	Date of filing/registration in Florida William Corley, III	4.	Document number
5. (Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 3050 Tamaya Boulevard, Unit 105	ADDRESS)	
	Jacksonville FI	32446	1010 OCT 22
(t	Markus Bishop		,
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	NEW Registered Office Address:		
	3703 Preserve Bay Boulevard		
	Panama City Beach	32408	
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited li wore authorized by an affirmative vote of the members or ticles of organization or the operating agreement of the	f the registered of the registered of the limited liability company of the limited liability.	office and the business office of the registered v. it is hereby confirmed that the change(s) ability company or as otherwise provided in v company.
Sig	mature of a member or authorized representative of a member		Printed or typed name of signee
I he. prov the o to mo notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete soligations of my position as registered agent as provide erely reflect a change in the registered affice address. I jed in writing of this change	ree to act in this e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
zrām	Division of Corporations • P.O.	Box 6327● Tall	lahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)