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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

January 8, 2022

RONALD T. ROMEO, ESQ PO BOX 201928 AUSTIN, TX 78720

SUBJECT: THE ROMEO LAW FIRM, PLLC

Ref. Number: L18000081940

We have received your document for THE ROMEO LAW FIRM, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 622A00000587

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

Division of Corporations			
SUBJECT: The Romes Law Firm	n PUC d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to t	the following:		
Royald T. Romeo Name of Person	 		
The Romeo Law Firm, PLLC Firm/Company			
P.O. Box 201928 Address			
Austin TX 78720 City/State and Zip Code			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, please call:			
Royald T. Romeo at (90)	1) <u>716 - 6509</u> Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
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.

1. N	ame of the limited liability company: <u>The Rov</u>	neo L	aw Firm P	'UC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		PO. Box Mailing addr	•
	Jacksonville, FL 32216	_	Austin, IX	78720
3.	04/03/2018 Date of filing/registration in Florida	 4.	11800061 Documen	
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	
	5050 Steam Aug Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		ZOZZ JAN 3 I SECRETATI
	Jacksonville FL	32211	2	Since the second
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	PH 12: 04
	1501 State Road 13 NEW Registered Office Address:			
	Jacksonville FL	3225	eq	
changagent was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member	registered bility con f the limit limited lia	l office and the busir ipany, it is hereby co ed liability company	ness office of the registered onfirmed that the change(s) y or as otherwise provided in
provis the ob to mer notifie	by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change.	performar l för in Ch	ice of my duties, and apter 605, F.SOr,	l I am familiar with and accept— if this document is being filed—