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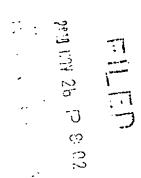
(Req	uestor's Name)	· · · · · ·
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
: Please return all correspondence concerning th	is matter to the following:			
Aaron Rokosz				
Name of Person				
	؟ مناب ب			
Firm/Company				
1340 S. Ocean Blvd., Apt 1605	. TJ			
Address	———			
Pompano Beach FL 33062				
City/State and Zip Code				
aaronrokosz@gmail.com				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	please call:			
Aaron Rokosz	954 383-4950			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
ranangssee. Florida 32301				
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

lame of the limited	I liability company:		FOR SALE LLC
1340 S. Ocea	n Blvd., Apt 1605	(b) 13	40 S. Ocean Blvd., Apt 1605
Principal of	fice address of limited liability company: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
Pompano Be	each FL, 33062	<u>Po</u>	mpano Beach FL, 33062
05/24/2018		 L18	000130312
Date of	filing/registration in Florida	4.	Document number
Aaron Rokos	z		
Registered Agent ar	nd Registered Office shown on the record	s of the Florida Dept	, of State:
Registered Office A	Address (MUST BE FLORIDA STRE	ET ADDRESS)	
Hallandale		, FL_33009	
Aaron Rokosz	<u>2</u>		7177 26
Enter name of NEV	V Registered Agent and/or NEW Registo	ered Office address	22 1
NEW Registered C	Office Address:		œ
1340 S. Ocea	an Blvd., Apt 1605		· · · · · · · · · · · · · · · · · · ·
Pompano Be	ach	, _{FL} 33062	
limited liability ed hange or changes a t will be identical, were authorized by	ompany is not organized under the re made, the Florida street addres Or, in the case of a Florida limite	s of the registere d liability compa ers of the limited	
/ .		A aran l	J01/007

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.

Signature of Registered Agent