

L18000 185 178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

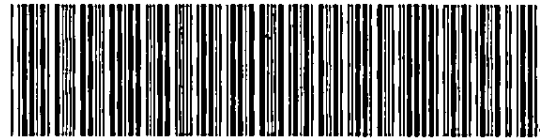
(Business Entity Name)

(Document Number)

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FEB - 3 2020

2020 FEB - 3 PM 3:54

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2020

PAUL TURNER
ROGUE RESPONSE LLC
1615 S. CONGRESS AVE. 103
DELRAY BEACH, FL 33445

SUBJECT: ROGUE RESPONSE LLC
Ref. Number: L18000185178

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP REGISTERED AGENT STATEMENT OF CHANGE, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 420A00001108

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rogue Response LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL TURNER

Name of Person

Rogue Response LLC

Firm/Company

601 N. Congress Ave. Suite 432

Address

Delray Beach FL 33445

City/State and Zip Code

PAUL@ROGUERESPONSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL TURNER

Name of Person

at (561) 523-4958

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. Name of the limited liability company: ROGUE RESPONSE LLC
2. (a) 601 N. Congress Ave. St. 432
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
601 N Congress Ave. St. 432
Delray Beach FL 33445
8/02/2018
- (b) 601 N. Congress Ave. St. 432 Delray Beach FL 33445
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
601 N Congress Ave.
St. 432, Delray Beach FL 33445
LI 8000185778
3. Date of filing/registration in Florida
4. Document number
5. (a) 1615 S. Congress Ave. 103, Delray Beach FL 33445
shown on the records of the Florida Dept. of State:
PAUL TURNER
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1615 S. Congress Ave. 103, Delray Beach
FL 33445
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
601 N. Congress Ave. St. 432
NEW Registered Office Address:
Delray Beach FL 33445

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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.

[Signature]
Signature of a member or authorized representative of a member

PAUL TURNER

Printed or typed name of signee

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]
Signature of Registered Agent