118000253301

| | (Req | uestor's Name) | | | |
|------------------------|--------|-----------------|-------------|--|--|
| | (Add | ress) | | | |
| | (Add | lress) | | | |
| | (City | /State/Zip/Phon | e #) | | |
| PICK-U | Р | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | | |
| | (Doc | ument Number) | | | |
| Certified Copies | | Certificate | s of Status | | |
| Special Instructions | s to F | iling Officer: | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | | |
|---|---|-----------------------------------|---|----------------|-----|--|--|--|--|--|
| SUBJE | Roth Intelligence Services | LLC | | | | | | | | |
| SODJE | | Name of Limited Liability Company | | | | | | | | |
| Dear Si | ir or Madam: | | | | | | | | | |
| The end | closed Registered Agent/Registered Of | fice Change | and fee(s) are submitted for filing. | | | | | | | |
| Please . | return all correspondence concerning th | iis matter to | the following: | | | | | | | |
| Robe | rt Roth | | | | | | | | | |
| | Name of Person | . | · _ | | | | | | | |
| | | | | | | | | | | |
| Roth | Intelligence Services LLC | | | | | | | | | |
| | Firm/Company | | | | | | | | | |
| 17113 | 3 Miramar Parkway Suite 203 | | | | | | | | | |
| | Address | | | 20 | | | | | | |
| Miram | nar, FL 33027 | | | 2010 NGY 19 | | | | | | |
| | City/State and Zip Code | | | 9 | - | | | | | |
| rroth5 | 2@myswissmail.ch | | mig Pil | 2 | [1] | | | | | |
| E | -mail address: (to be used for future and | nual report | notification) | ; ; | 7 | | | | | |
| For fur | ther information concerning this matter | , please cal | l: | . •• | | | | | | |
| Rober | t Roth | 754 | 252-1162 | | | | | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | ?r | | | | | | |
| Registration SectionRegistration SeDivision of CorporationsDivision of CorClifton BuildingP.O. Box 6327 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | | |
| | Enclosed is a check for the following | g amount: | | | | | | | | |
| _ | | \$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: Roth Intellig | ence Se | ervices LL | C |
|---|---|--|---|---|
| 2. (a) | 15800 Pines Blvd. Suite # 3100 | | | Miramar Parkway Suite # 203 |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Pembroke Pines, FL 33027 | | Mirama | r, FL 33027 |
| | | | | |
| | October 29, 2018 | | L180002 | 53301 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Robert Roth | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | of the Florid | a Dept. of Stat | – e: |
| | | | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET | TADDRES. | <u>s)</u> | _ |
| | 4581 Weston Road Ste. # 270 | | | |
| | Fort Lauderdale , F | , 3333 | 1 | - |
| | , r | L | • | - 201 |
| (b) | | | | Nov Be Nov |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ed Office ac | ldress: | (0.0) - P |
| | Robert Roth | | | <u> </u> |
| | NEW Registered Office Address: | | | 2 II |
| | 17113 Miramar Parkway Suite # 203 | | | |
| | 17 113 Williamai Tarkway Suite # 203 | | | - Su |
| | Miramar F | L_3302 | 7 | |
| signa I herei provisi the oblito merei | imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited itere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and as ons of all statutes relative to the proper and completing ignations of my position as registered agent as provided to the proper and completing of this change in the registered office address, if in syriting of this change. | of the reginability confidence of the limited Ro | stered office ompany, it inted liability liability con bert Roth | e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany. Printed or typed name of signee actival further agree to comply with the |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent