

L19 000101021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

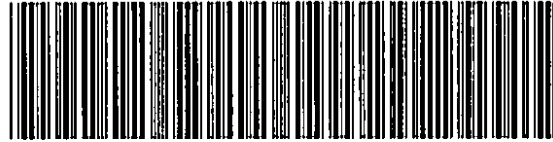
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rocket City Real Estate, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly R. Carver

Name of Person

Rocket City Real Estate, LLC

Firm/Company

5095 S. Washington Avenue, #207

Address

Titusville, FL 32780

City/State and Zip Code

Holly@RocketCityRe.com

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

For further information concerning this matter, please call:

Holly R. Carver

321

291-6601

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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: Rocket City Real Estate, LLC

2. (a) Rocket City Real Estate, LLC (b) Rocket City Real Estate, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5095 South Washington Avenue, #207

Titusville, FL 32780

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5095 South Washington Avenue, #207

Titusville, FL 32780

04/11/2019

L19000101021

3. Date of filing/registration in Florida

4. Document number

5. (a) Holly R. Carver

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Holly R. Carver

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1209 South Washington Avenue

Titusville, FL 32780

(b) Holly R. Carver

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Holly R. Carver

NEW Registered Office Address:

5095 South Washington Avenue, #207

Titusville, FL 32780

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.

Holly Carver
Signature of a member or authorized representative of a member

Holly R. Carver

Printed or typed name of signer

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.

Holly Carver
Signature of Registered Agent

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SECRETARY OF STATE