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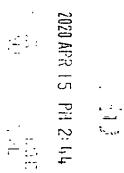
(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
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O SIMMONS

APR 16 2020

COVER LETTER .

TO: Registration Section Division of Corporations	
Caco Rocks LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Santiago Canepa	
Name of Person	
Caco Rocks	
Firm/Company	
512 4th Avenue NW	
Address	
Largo, FL 33770	
City/State and Zip Code	
canepa_santiago@hotmail.com	
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matte	er, please call:
Santiago Canepa	727 517-7677 at ()
Name of Person	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 followin	ng amount:
S25 Filing Fee	□ \$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	me of the limited liability company: Cac	to Rocks, LLC						
2. (a)	1519 Gulf Blvd, #6, Indian Rocks Beach, FL	.33785	(b) <u>1519 G</u> ա	If Blvd, #6, Indian Rocks Beach, FL 33785			
2. (u)	Principal office address of limited liability (Note: MUST BE STREET ADDR		_ (o,	Mailing address of li (Note: MAY BE			•
	1519 Gulf Blvd, #6, Indian Rocks Beach, F	1. 33785	_					
	11/01/2019	· •	_	L19000273	3351			
3.	Date of filing/registration in Flo	orida	4.		Document numb	oer		
5. (a)	WHITNEY RAUH							
(4)	Registered Agent and Registered Office shown or 2700 Bayshore Blvd, #9110, Dunedin, FL 3		he Florid	a Dept, of Sta	ne:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				- -		2020 APR	
	2700 Bayshore Blvd #9110					:	A	
	Dunedin	F1. 3	34698				5	
					_			. *
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered (Office a	ddress:	_		PII 2: 44	414. No.
	SANTIAGO CANEPA				_	7	ţ-	
	NEW Registered Office Address							
	512 4th Avenue NW				_			
	Largo	, FL	33770		_			
change agent v was/we the arti	imited liability company is not organized or changes are made, the Florida street a vill be identical. Or, in the case of a Floriere authorized by an affirmative vote of the cles of organization or the operating agreture of a member a authorized representative of a	ddress of the r ida limited liab he members of rement of the li	register bility co the lir imited	ed office ar ompany, it nited liabili	nd the business of is hereby confirm ty company or as mpany.	fice of the ed that the otherwise	register change provide	red e(s)
l herei provisi the obl to mere	by accept the apprintment as registered a ons of all statutes relative to the proper a igations of my position as registered agerly reflect a change in the registered officing writing of the change.	igent and agre	re to ac perform for in ereby c	t in this cap ance of my Chapter 60 onfirm that	oacity. I further a	gree to co	mnly wi	th the accept g filed een
Signatu	re of Registered Agend							
	Nivision of Corpora	tions• P.O. B FILING FE			issee, FL 32314			