

L20 0000 34122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

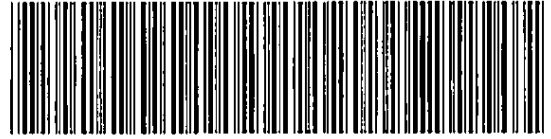
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100409219251

05/31/99 --01029--018 \*\*25.00

MAY 31 AM 9:41

FILED

VW

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Larob Worldwide, 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:

Thomas C Roberts  
Name of person

Larob Worldwide, LLC  
Firm/Company

3333 Hendricks Avenue  
Address

Jacksonville FL 32217  
City/State and Zip Code

tc@lauroroberts.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Roberts at ( 904 ) 800-8802  
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 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: Larob Worldwide LLC

2. (a) Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**) (b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

3333 Hendricks Avenue  
Jacksonville, FL 32217

3333 Hendricks Avenue  
Jacksonville, FL 32217

3. Date of filing/registration in Florida: 01/28/20

4. Document number: L20000034122

5. (a) Thomas C. Roberts  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
2720 Park Street Suite 222  
Jacksonville, FL 32203

RECEIVED  
MAY 3 11 01 AM '20

(b) Thomas C. Roberts  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**  
3333 Hendricks Avenue  
Jacksonville, FL 32217

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

Thomas C. Roberts  
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