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COVER LETTER

SUDJECT.	Rodriguez & Jones Pro	perties, LL	С				
SUBJECT: _			_	abilit	y Company		
Dear Sir or Mad	dam:						
The enclosed R	egistered Agent/Registered Of	ffice Chan	ge and	fee(s)	are submitted for filing.		
	l correspondence concerning t				_		
	Adrian P. Zeno						
	Name of Person						
Zo	eno Law Office, P.C.		_				
	Firm/Company						
	401 S. LaSalle St. 801P		<u>=</u>				
	Address						
<u>_</u>	Chicago, IL 60605			_			
	City/State and Zip Code			_		20 Ji	:,
	_zeno@zenolawoffice.com					}***	13.
E-mail add	lress: (to be used for future an	nual repor	t notific	ation	1)	ਰੀ	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
For further infor	mation concerning this matter	, please ca	all:				- 57 - 570
						;	
Adrian F		at (312	_) _	281 0394	Ç.A	0.50 3.50 3.50
	Name of Person			Are.	a Code & Daytime Telephone Number		
<u>Mailing</u>	g Address:			Str	eet Address:		
Registra	ation Section			Registration Section			
	n of Corporations			Division of Corporations			
P.O. Bo				The Centre of Tallahassee			
Tallaha	ssee, FL 32314			241	5 N. Monroe Street, Suite 810		
				Tal	lahassee, FL 32303		
Enclose	d is a check for the following	amount:					
■ \$25 F	iling Fee		\$55	Fili	ng 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.

ł.	Na	ame of the limited liability company: Rodrigue	e of the limited liability company: Rodriguez & Jones Properties, LLC				
,	(a)	626 Acha Dr. Hurlburt Field, FL 32544	(b)	626 Acha Dr. Hurlburt Field, FL 32544			
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		March 06, 2020		L20000075260			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Tico Jones					
٠.	(44)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	2			
		626 Acha Dr. Hurlburt Field, FL 32544					
		, FL	,				
				6 DA			
	(b)	RA FLA, LLC		<u> </u>			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u>***</u> *** *** *** *** *** *** *** *** **			
		3065 Highland Oaks Terrace, Tallahassee, FL 32301		\$ \text{\tint{\text{\tin}\text{\tex{\tex			
		NEW Registered Office Address:					
							
		. F1					
_							
ch ag w	iange gent v as/we	imited liability company is not organized under the lave or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered ability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in			
			1	ico Jones			
	Signa	ture of a member of authorized representative of a member		Printed or typed name of signee			
I pr th to	herei ovisi e obl mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h	ee to act in performant I for in Cha iereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed arm that the limited liability company has been			

notified in writing of this change.

Signature of Registered Agent