## K20000250537

(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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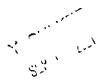
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
ROME Studio LLC SUBJECT:	
	ed 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:
Robert Dajer	
Name of Person	·····
ROME Studio LLC	
Firm/Company	
6301 SW 34th St.	
Address	
Miami FL. 33155	
City/State and Zip Code	
rdajer@gmail.com	
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call	:
Robert Dajer 407	925 4770
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.	Na	me of the limited liability company:  ROME Studio LLC					
2.	(a)	6301 SW 34th St.	(	b)	6301 SW (	34th St.	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (	-,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Miami FL. 33155	-		Miami FL	33155	
			-				
		08/17/2020		I	L20000250	537	
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.			Document number	
,	(-,	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD. 36	e Florid	la I	Dept. of State	e:	
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRES.	<u>(S)</u>		_	
		Orlando , FL 3	2822			-	
	(b)	Melissa Rojas Dajer				20	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ac	<u>ddı</u>	ress:		
		6301 SW 34th St.				The same	
		NEW Registered Office Address:				PH 2: 54 RY OF STATE	
		Miami , FL 3	3155		_	TATE 54	
chage wa	inge ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egister ility co the lin	ed on nit	d office and npany, it is ted liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
_		ture of a member or authorized representative of a member	Rob	ber	rt Dajer		
 pro the to	ierei ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period in the proper and complete period is a complete period of all statutes relative to the proper and complete period is a complete period in the registered agent as provided for the period of the period in the registered office address, I here is a charge in the registered office address, I here is a charge in the registered of the period of the	to ac. erform for in ( reby c	t in an Ch con	n this capa uce of my a hapter 605 ufirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	