KAC OCO 397026

(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:	(Requestor's Name)							
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)							
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)							
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Certified Copies Certificates of Status	(Business Entity Name)							
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status							
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COVER LETTER

	sistration Section Ision of Corporations						
SUBJECT:							
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.				
Please retur	n all correspondence concerning	this matter to the	following:				
LOVETTET	OOBSON						
	Name of Person	,	<u> </u>				
INCFILE.CO	DM LLC						
	Firm/Company						
17350 STAT	E HYW 249 #220						
	Address		_				
HOUSTON,	TX 77064						
	City/State and Zip Cod	e					
EFILE1234@	ÎNCFILE.COM						
E-mai	l address: (to be used for future :	annual report notif	ication)				
For further i	information concerning this man	ter, please call:					
LOVETTET	OOBSON	888 at (462-3453				
*	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: gistration Section vision of Corporations 0. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the followi	ing amount:					
■ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

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.

۱.	Νε	nme of the limited liability company: ROLLING GET	AWAY	1,1,	C		
2.							
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		10	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) VINDJAMMER WAY	
		8071 SE WINDJAMMER WAY			8071 SE W		
		HOBE SOUND, FL 33455		HOBE S		JND, FL 33455	
		09/21/2020		,	,200002970	26	
3.		Date of filing/registration in Florida	— 4.	-		Document number	
ε	/ - X						
5.	(a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	:	
		ALYSSA A STOREY				•	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRI	:SS			
		5237 SUMMERLIN COMMONS SUITE 400					
		FT MYERS . F	L_33907	7		SE 1	
		-				FIL 2022 HAR 25 SECRETARY TALLAHAS	
•	(h)	Enter name of NEW Registered Agent and/or NEW Registere			 .	AFA AR IN	
		Enter name of NEW Registered Agent and/or NEW Registere	ed Office	ade	<u>lress</u> :	ARY 25	
		ALYSSA STOREY				HAR 25 AM IO: 00 RETARY OF STATE LLAHASSEE, FILE	
		NEW Registered Office Address:					
		8071 SE WINDJAMMER WAY	_)0	
		HOBE SOUND	33455 L	;			
age was the S I h prothe to h	nt v s/we arti ignat eret visi oblinere	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the last of a member or authorized representative of a member of all statutes relative to the proper and complete ignations of my position as registered agent as provided to the proper and complete in the registered office address. It in writing of this change.	e regist iability of the l e limite A	ere- cor limi d li d.Y	d office and upany, it is ted liability ability com SSA A STO	hereby confirmed that the change(s) company or as otherwise provided in pany. REY Printed or typed name of signee	
Sig	<u>)</u> natu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00