## L20000 364 234

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
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## COVER LETTER

| Division of Corporations   |  |
|--|--|
| ROAR INDUSTRIES, LLC   |  |
| SUBJECT: Name of Lim   | ited Liability Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Chang  | ge and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter  | to the following:  |
| Walter C. Thomas   |  |
| Name of Person   |  |
| Walter Thomas, P.A.  |  |
| Firm/Company   | <u> </u>   |
| 230 Doris Drive  | :<br>- :   |
| Address  | <del></del>  |
| Lakeland, Florida 33813  | •  |
| City/State and Zip Code  | <del></del> -  |
| walter@walterthornaspa.com   |  |
| E-mail address: (to be used for future annual report   | rt notification)   |
| For further information concerning this matter, please c   | all:   |
| Walter Thomas 86   | 53 940-4855  |
| 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   | ı:   |
| \$25 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.

|  | me of the limited liability company:  ROAR INDUSTRIES, LLC  | 71-3  |   |
|--|---|---|---|
| . (a)                                  |   | (0)   |   |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (,  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)  |
|  | 5802 High Ridge Loop  |   |   |
|  | Lakeland, Florida 33812   | _ <del>_</del>  |   |
|  | 11/30/2020  | L200  | 000364234   |
|  | Date of filing/registration in Florida  | 4.  | Document number   |
| · (-)                                  | Reed Mawhinney & Link, PLLC   |   |   |
| 5. (a)                                 | Registered Agent and Registered Office shown on the records of  | the Florida Dep   | nt. of State:   |
|  | Reed Mawhinney & Link, PLLC   |   | <u></u> 29  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   | 2023 APR  |
|  | 1611 Harden Blvd.   |   |   |
| (b)                                    | Lakeland  | . 33803   |   |
|  | Lakeland , F  | L   |   |
|  | Walter Thomas, P.A.   |   |   |
|  | Enter name of NEW Registered Agent and/or NEW Registere   | d Office addres   | <u>r</u> .0   |
|  | Walter Thomas   |   | . <b>O</b>  |
|  | NEW Registered Office Address:  |   |   |
|  | 230 Doris Drive   |   |   |
|  |   |   |   |
|  | L:akeland , F   | 33813<br>L  |   |
| thange<br>igent v<br>vas/we<br>he arti | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida limited leaves of a member or authorized representative of a member | nws of the Sta<br>e registered o<br>iability compa<br>of the limited<br>e limited liabi<br>Daniel R | any, it is hereby confirmed that the change(s) il liability company or as otherwise provided in ility company.  Rohrer  Printed or typed name of signee   |
| provisi<br>he obl<br>o mer             | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered affice address, I d'in writing of this change.  | ree to act in t<br>e performance<br>ed for in Cha<br>hereby confu                                   | this expacity. I further agree to comply with the<br>e of my duties, and I am familiar with and accep<br>pter 605, F.S. Or, if this document is being filed<br>rm that the limited liability company has been |

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