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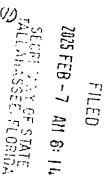
(Requestor's Name)					
(Address)					
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COVER LETTER

TO:	Registration Section Division of Corporations		4
SUBJ	ECT: Rockhopper Creative LLC		
	Nar	ne of Limited L	iability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the	following:
Dylai	n Rodrigues		
	Name of Person		
Rockho	opper Creative LLC		
	Firm/Company	- ""	
476 1	Penguin Dr		
	Address		
Satel	llite Beach, FL 32937		
	City/State and Zip Code	"	
-	anjrodrigues@gmail.com		
Е	-mail address: (to be used for future ann	nual report notif	ication)
For fur	ther information concerning this matter.	please call:	
Dyla	an Rodrigues	at (<u>407</u>) 920-7996
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		AILING ADDRESS:
Registration Section Division of Corporations Clifton Building			gistration Section
			vision of Corporations
			P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	llahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
INHSI8	8 (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.

. Na	une of the limited liability company: Rockhopper Crea	ative LLC		
. (a)	1150 Nw 72nd Ave	(b)	1150 Nw 72nd Ave	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tower 1, Ste 455 #2943	Tower 1, Ste 455 #2943		
	Miami, Fl. 33126		Miami, Fl. 33126	
	01/22/2021	L2	21000042386	
-	Date of filing/registration in Florida	- _{4.}	Document number	
(a)		Etha Elosida Dun	u of State	
	Registered Agent and Registered Office shown on the records of 1150 Nw 72nd Ave Tower I	rtne Fiorida Dep	x, of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Stc 455	22126	FIL 2025 FEB - 7 SEGRE STAT ALL AHASSE	
	Miami F	L33126		
(b)	Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>d Office address</u>	AM 8: 14 OF STATE E. FLORIDA	
	7901 4th St N		AM 8: 14	
	NEW Registered Office Address:			
	STE 300		·· 	
	St. Petersburg	33702		
e cha gent w as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registere iability compa of the limited i limited liabi	ed office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Rodrigues	
<u> </u>	tions of the section of much control of a manufacture of a manufacture			
herel rovisi ie obli mere	ture of a member of authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change. David Roberts - Assistant S	ree to act in to performance ed for in Chap hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep- ster 605, F.S. Or, if this document is being filed rm that the limited liability company has been	

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