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TALLAHASSET

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COVER LETTER

TO: Registration Section Division of Corporations	,
Rob and Jon Concepts L.I. 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:
Roberta F. Fisher	
Name of Person	
Rob and Jon Concepts LLC	
Firm/Company	
385 Lake Point Drive	
Address	
Plant City, FL 33565	
City/State and Zip Code	
rfisher51@hotmail.com	
E-mail address: (to be used for future annual report)	notification)
For further information concerning this matter, please call	:
Roberta F. Fisher 10:30	0 am 813-754-5409
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	3 \$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	ame of the limited liability company: Rob and Jon Con	cepts LLC		
2. (a)	385 Lake Point Drive	(b)		
2. (0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
	Plant City, FL 33565			2.701140-350
	May 12, 2021	L2100	90206446	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				40 03
	Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc.	the Florida Dept.	of State:	2022 APR III SECRETAR TALLAH/
	Registered Office Address	<u>ADDRESS)</u>		2 APR 11 AH 6: CRETARY OF ST TALLAHASSEE, I
	Orlando	32822		OF SEE
(b)	Roberta F. Fisher			AH 6: 36 Y OF STATE
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address.		
	NEW Registered Office Address:			
	385 Lake Point Drive			
	Plant City, FI	33565		
change agent v was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registered off ability compan of the limited I	ice and the business office only, it is hereby confirmed the iability company or as other	of the registered at the change(s)
Signa	aure of a member or authorized representative of a member	Roberta F.	Fisher Printed or typed name of	f signee
provisi the obt to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in thi performance of d for in Chapto hereby confirm	is capacity. I further agree of my duties, and I am Jamit er 605, F.S. Or, if this doci a that the limited liability co	to comply with the liar with and accept iment is being filed ompany has been

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