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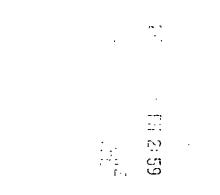
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03/20/24

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	Rock Bridge Investme	ents, LLC						
		Name of	Limited Li	ability Company				
Dear S	ir or Madam:							
The en	closed Registered Agent/R	egistered Office C	hange and	fee(s) are submitted	for filing.			
Please	return all correspondence c	concerning this ma	tter to the f	following:				
Kylie (	Conrad & Kayla King							
	Name of	Person						
Corp1,	Inc.							
	Firm/Cor	npany	_	<del></del>			دې.	
7700 E	Arapahoe Rd Ste 220				•		:	
	Addres	S					•	
Centen	nial, CO 80112							
	City/State an	d Zip Code			<u>.</u>	1· .	2: 59	
	E-mail address: (to be used	for future annual re	eport notifi	eation)				
For fur	rther information concerning	g this matter, pleas	se call:					
Kylie (	Conrad	at	720 (	823-9273			_	
	Name of Person			Area Code & Day	time Telephone	2 Nu	mber	
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	18		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 t	the following amo	unt:					
	■ \$25 Filing Fee & Certified Copy							

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## 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.

I. Na	me of the limited liability company: Rock Bridge Inve	stments, l	LLC				
2. (a)	1801 N. MILITARY TRAIL	(b	. 1801 N. M	III.ITARY TRAII	I.		
(a) <sub>.</sub>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c		Mailing address of l (Note: MAY BE		_	
	SUITE 200		SUITE 200	)			
	BOCA RATON, FL 33431	<del></del>	BOCA RA	TON, FL 33431			
	07/20/2021		1.210003298	328			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	CORPORATION SERVICE COMPANY						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- &:			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>)</u>	-			
						٠.,	
	TALLAHASSEE	32301-2	525	_			
(h)	FL.	<b>-</b>		-			
	Registered Agents Inc						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	•		
	7901 4th St N			<u>:</u> :-		3: 00	
	NEW Registered Office Address:			_	۱٠,	0	
	Ste 300						
		-		_			
	St. Petersburg , FI	33702					
change agent w was/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office and ompany, it is nited liability iability com	d the business o s hereby confirm y company or as	ffice ied t	of the factor of	registered change(s)
	PAUL DAVIES	PAU	JL DAVIES	Printed or typed n	une	of signer	
l herel provision the oblition mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	170211CH	(1117'') (117 1111'' (	acity. I further o	ugre Tam	e to con iliar wi	nply with the
	l'in writing of this change.	•	,,, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				