

L220000071964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

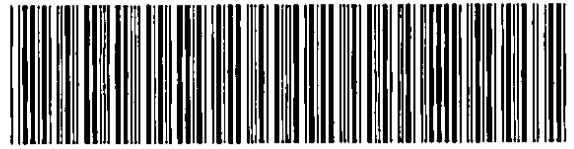
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romari LLC

Name of Limited 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:

Judd Malin

Name of Person

Firm/Company

24 Old Kings Highway S #203

Address

Darien, CT 06820

City/State and Zip Code

MalinCompanies@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judd Malin

203

325-8752

at (_____)

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**

☐ \$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. Name of the limited liability company: Romari LLC

2. (a) 1133 102nd Street, Unit 601 (b) 24 Old Kings Highway S #203

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Bay Harbor Island, FL 33154

Darien, CT 06820

02/11/2022

L22000071964

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agents Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 3

St. Petersburg, FL 33702

(b) Judd Malin

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1133 102nd Street, Unit 601

NEW Registered Office Address:

Bay Harbor Island, FL 33154

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Judd Malin

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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2023 MAY 11 PM 1:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE