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(Requestor's Name)				
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20555 Victor Par	rkwow Suite 2	50		
20555 Victor Parkway • Suite 250 Livonia, Mt 48152				
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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 608.416 or 608.508, 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. The name of the limited liability company is:	Rox Gra	nd league	cy LLC	<u>ر</u>
2. The mailing address of the limited liability con	apany is: 245	55 Mbo	fork Pourk	Way
Hvonia M	148152	~~~.		<u></u> ,V
gladaed	1	401000	0220	7
3. Date of filing/registration in Florida	4. Doc	cument number		;
5. The name of the registered agent and the register Florida Department of State:	red office address	as shown on the re	ecords of the	
CT CATAN	Man Supt	em		
land hour	Name h Pivo Ju	and Rd		
Dlaplace	Address	all.		
	state and Zip	<u> </u>		<u>,</u>
5. The name and address of the new registered age	ent and/or office:			සි කු
Eldon War	field		AHAS ELEMENTE	
838 Grant	DOMENAL	Parne	SEE.	8
Florida street address	(P.O. Box NOT ac	ceptable)	E S	
<u>abtamonte spr</u>	图3274		Ş.	S
City, St	ate and Zip			
If the limited liability company is not organized un confirmed that after the change or changes are ma and the business office of the registered agent will liability company, it is hereby confirmed that the con- the members of the limited liability company or as the operating agreement of the limited liability con-	de, the Florida stre I be identical. Or, i change(s) was/were s otherwise provide mpany.	et address of the re in the case of a Flo authorized by an	egistered offic orida limited affirmative v	rote of
Signature of a member or authorized representative of a member)				
(Printed or typedi narre of signee)			_	
(Printed or typed named of signes) I hereby accept the appointment as registered agreemently with the provisions of all statutes relative typed I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being find accept the confirm that the limited liability	ent and agree to ac to the proper and c of my position as r led to merely reflec	t in this capacity. complete performa egistered agent a: it a change in the	I further agr ince of my du s provided for registered off	ee to ties, r in ice
agaress, I nereby confirm that the limited liability	company has been	i notified in writin	g oj tnis chân	ige.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Signature of Registered Agent)