M100000005299

(Requestor's Name)

(Requestor's Name)

(Address)
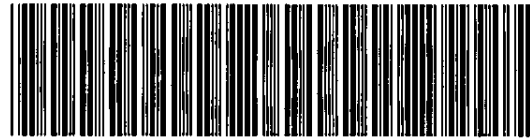
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06/03/14--01035--003 **25.00

C. LEWIS
JUL 3 2014
EXAMINER

June 17, 2014

BRIAN FONS / CORPORATE CREATIONS
3023 N CLARK ST #318
CHICAGO, IL 60657 US

SUBJECT: RO BACK BAY ASSOCIATES, LLC
Ref. Number: M10000005299

We have received your document for RO BACK BAY ASSOCIATES, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have the wrong agent on record on the form. The agent is Donna J. Feldman, P.A. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II   Letter Number: 914A00013048

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RO Back Bay Associates, 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:

Brian Fons
_____
Name of Person

Corporate Creations
_____
Firm/Company

3023 N Clark Street #318
_____
Address

Chicago, IL 60657
_____
City/State and Zip Code

brian.fons@corpcreations.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Fons   773   935-3920
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

❏ $25 Filing Fee   ❏ $55 Filing Fee & Certified Copy

INHS18 (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.

1. Name of the limited liability company: **RO Back Bay Associates, LLC**

2. (a) **235 3rd Street, Suite 300**

   Principal office address of limited liability company:
   (*Note: MUST BE STREET ADDRESS*)

   (b) **55 N Water Street**

   Mailing address of limited liability company:
   (*Note: MAY BE POST OFFICE BOX*)

   St. Petersburg, FL 33701

   Norwalk, CT 06854

3. **03/03/2000**

   Date of filing/registration in Florida

4. **M100000005299**

   Document number

5. (a) **Donna J. Feldman, P.A.**

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

   19321-C US Highway 19 North, suite 600

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   Clearwater, FL **33764**

   (b) _____

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

   Corporate Creations Network Inc.

   NEW Registered Office Address:

   11380 Prosperity Farms Road #221E

   Palm Beach Gardnes, FL **33410**

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 of a member or authorized representative of a member

Aurora Chan
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.

By: Brian R Fons, Vice President
Signature of Registered Agent

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

INHS18 (2/14)