

M15 00000 18SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

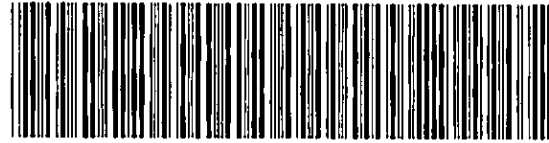
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Special Instructions to Filing Officer:

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APR 28 2022

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FILED

2022 APR 27 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 APR 27 PM 3:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 641865 8105571

AUTHORIZATION :



COST LIMIT : \$25.00

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ORDER DATE : April 27, 2022

ORDER TIME : 1:58 PM

ORDER NO. : 641865-005

CUSTOMER NO: 8105571  
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CHANGE OF AGENT

NAME: ROCKRIDGE CAPITAL HOLDINGS,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rockridge Capital Holdings, 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:

\_\_\_\_\_  
Name of Person

Corporation Services Company

\_\_\_\_\_  
Firm/Company

1201 Hays Street

\_\_\_\_\_  
Address

Tallahassee, FL 32302

\_\_\_\_\_  
City/State and Zip Code

Vicky.Reath@hklaw.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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: Rockridge Capital Holdings, LLC
2. (a) Rockridge Capital Holdings, LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
22 NE 22nd Ave.  
Pompano Beach, FL 33062
- (b) Rockridge Capital Holdings, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
22 NE 22nd Ave.  
Pompano Beach, FL 33062
3. September 29, 2021  
Date of filing/registration in Florida
4. M15000007888  
Document number
5. (a) CLASP, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CLASP, INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3001 TAMIAMI TRAIL N SUITE 400  
NAPLES, FL 34103
- (b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

**FILED**  
 2022 APR 27 AM 9:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301

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

Document signed by:

James Greer

JAMES GREER

Signature of the limited liability company or authorized representative of a member

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.

Alexis Weber  
Signature of Registered Agent