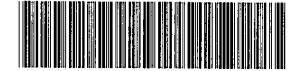
## 

(Requestor's Name)				
(Address)				
(Address)				
<u> </u>	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
RECEIVE:	SECUTION OF STRINGS OF			

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ZOLIANG IN PR 5: 17

K SALY AUG 1 / 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ					
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The ea	nclosed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to the fo	ollowing:		
JB R	ОТН				
	Name of Person		-		
ROT	H LAW FIRM PL				
	Firm/Company		_		
6100	GREENLAND RD., SUITE 604				
	Address		_		
JACI	KSONVILLE, FL 32258				
	City/State and Zip Code		_		
JB@	ROTHLAWFIRM.NET				
	E-mail address: (to be used for future an	nual report notific	ation)		
For fu	rther information concerning this matter	. please call:			
JB R	ОТН	904 at (	595-7900		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:		
Registration Section Division of Corporations Clifton Building			stration Section		
			sion of Corporations		
			Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	t alls	ahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	<b>☑</b> \$25 Filing Fee	<b>\$</b> 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. 1	Name of the limited liability company: ROROCOR,	LLC		
2. (a	1301 RIVERPLACE BLVD	(b) 1301 RIVERPLACE BLVD		
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  SUITE 800		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  E 800	
	JACKSONVILLE, FL 32207	JACH	KSONVILLE, FL 32207	
	01/05/2016	M160	00000100	
3. 5. (a	Date of filing/registration in Florida  ROTH LAW FIRM PL	4.	Document number	
v. (u	Registered Agent and Registered Office shown on the records of 234 CANAL BLVD	the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 2	ADDRESS)		
	PONTE VEDRA BEACH . FL	32082		
(b	ROTH LAW FIRM PL	TILED  RALLARIASSELT ORIGINATION		
Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	6100 GREENLAND ROAD	TO R S.		
	NEW Registered Office Address:	-		
	SUITE 604		<del></del>	
	JACKSONVILLE , FL	32258		
the chagent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liayere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
		JEAN B R	OTH, AUTH. REPRESENTATIVE	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	why accept the appointment as registered agent and agrains of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ree to act in this of performance of in Chapter thereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signat	ure of Registered Agent			
C	· · · · · · · · · · · · · · · · · · ·			