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COVER LETTER

Division of Corporations	
Frost Florida, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Jenny Wilkes	
Name of Person	·
PWR, PLLC	
Firm/Company	
425 W. Capitol Ave., Suite 3300	
Address	
Little Rock, AR 72201	
City/State and Zip Code	
jwilkes@frostpllc.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Jenny Wilkes : at (975-0142
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 amoun	it:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

20 JAN 31 AMIO: 19

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.

I. Na	ime of the limited liability company:	rost Florida, LLC	•				
2. (a)	425 West Capitol Suite 3300		_ (b)	425 West	Capitol Suite 3300		
	Principal office address of limited liabil (Note: MUST BE STREET ADD		_ (0)		Mailing address of limited (Note: MAY BE POST)	-	
	Little Rock, AR 72201		_	Little Rock	x, AR 72201		
3.	Date of filing/registration in F	lorida	4.		Document number		
5. (a)	Doug Richardson				-		
	Registered Agent and Registered Office shown 505 West Hickpoche Ave	on the records of th	ne Florida I	Dept. of State	e:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste 200			-	20	31. 35.	
	Labelle		33935			JAN	FILED OF CORPORA
(0)	Jacqueline Peregrin, Esq. Enter name of NEW Registered Agent and/or in the following park Drive NEW Registered Office Address:	NEW Registered (Office add	ress:	_	31 AMIO: 19	
	Suite I				-		
	Naples		34109				
change agent was/we was/we article of the article of the object of the o	mited liability company is not organized or changes are made, the Florida street rill be identical. Or, in the case of a Flore authorized by an affirmative vote of the soft organization or the operating agratic of a member or authorized representative of a way accept the appointment as registered and statutes relative to the proper gations of my position as registered against of the proper gations of my position as registered again writing of this change.	address of the regida limited liab the members of eement of the li	egistered vility con the limit mited lia Rober	office and appropriate the company of the company o	I the business office of hereby confirmed that company or as otherwany. Printed or typed name of section of fourther garage to	f the regis at the chan wise prov	stered nge(s) ided in
Signatúr	e of Registered Agent						
	Division of Corpora	utions• P.O. Bo FILING FE			see, FL 32314		
			-21	•			