117000005598

(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
•								
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195								
REFERENCE	: 318800 8944365								
AUTHORIZATION	: Spelle Renan								
COST LIMIT	: \$ 25.00								
	· • • • • • • • • • • • • • • • • • • •								
ORDER DATE : July 25, 2018									
ORDER TIME : 9:31 AM									
ORDER NO. : 318800-010									
CUSTOMER NO: 8044365									
CHANGE OF AGENT									
NAME: REDROCK FINANCIAL, LLC									
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:								
CERTIFIED COPY									
XX PLAIN STAMPED COPY									
CONTACT PERSON: Roxanne Turne	r								
EX	AMINER'S INITIALS:								

STATEMENT OF CHÂNGE 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.	N	ame of the limited liability o	ompany:	REDROCK	FINANC	CIAL, I	_LC		<u> </u>	<u></u>	
2.	(a)					(b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	2640 Golden Gate Parkway, Ste 105,					2640 Golden Gate Parkway, Ste 105.					
	Naples FL 34105			<u>-</u>		Naples	FL 34105				
		Napies		.04103			IVaples		<u> </u>	103	
		06/30/2017				_	M170000	005598			
3.		Date of filing/registration in Florida				J .		Document number			
5.	(a)	C T CORPORATION S	YSTEM								
	(-)	Registered Agent and Registered		wn on the record	is of the F	lorida l	Dept. of Stat	e:			
		1200 SOUTH PINE ISLA	ND ROAD								
			Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
		PLANTATION,			, FL <u>3</u>	3324		_	:	2018	
									; • ` 	JUL 25	•
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:						_	, e	5.5	:
		Lines have of the VV Negistered	Agent and	or repair	cito Om	cc ado	<u>. c 33</u> .			PH	ŗΤ
		1201 Hays Street							7,	2	C.
		NEW Registered Office Addres	s:					-	The second of th	2: 03	
		***************************************			·			_			
		Tallahassee	. -		, FL <u>3</u>	2301		_			
lf	the l	imited liability company is a	not organi	zed under the	e laws o	f the S	State of Fl	orida, it is here	eby confi	rmed th	at after
th	e cha	ange or changes are made, th	ic Florida	street addres	s of the	regist	ered offic	e and the busin	ness offic	e of the	registered
W	s/w	will be identical. Or, in the ere authorized by an affirma	tive vote	of the membe	ers of th	e limi	ed liabilit	ry company or	as otherw	i ine en vise pro	ange(s) ovided in
th	e arti	icles of organization or the	perating a	agreement of	the lim	ited li	bility cor	npany.		•	
							Jatri C	Printed or types	<u> </u>		
	Signa	ture of a member or authorized re	presentative	of a member				Printed or type	d name of si	ignee	
I pr	here oviși	by accept the appointment a ions of all statutes relative t	is register o the prop	red agent and per and comp	l agree t lete per	o act i forma	n this cap nce of my	acity. I furthe duties, and I a	er agree te im familie	o comp ir with	ly with the and accept
thi to no	e obi meri tifie	ions of all statutes relative t ligations of my position as r ely reflect a change in the ro Lin writing of this cho ng e.	egistéred egistered (agent as prov office addres.	vided for s, I here	r in Ci by coi	haptér 60. nfirm that	5, F.S. Or, if the limited lia	his docun bility con	nent is npany l	being filed as been
	10	elanne de	uu	l			Roxar	nne Tumer			
Si	gnatu	ire of Registered Agent Corpora	tion Serv	vice Compar	ny B'	Y:	Asst. Vi	ce President			