M18000006875

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only Oldie/Zipi) Holle II)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DATE:

5/7/20

NAME: BEDROCK ROSE LAKE LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	CT: BEDROCK ROSE LAKE LL	С			
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Of	ffice Change a	nd fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning t	his matter to t	he following:		
Steven	Friedman				
	Name of Person				
Platinu	m Filings LLC				
-	Firm/Company	_			
3023 A	ve J				
	Address				
Brookl	yn, NY 11210				
	City/State and Zip Code				
agent@	platinumfilings.com				
-	mail address: (to be used for future an	mual report no	otification)		
For furth	er information concerning this matte	r, please call:			
Aaron :	Sauber	at (718	, 705-9886		
	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 followin	g amount:			
į	□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy		
INHS18 ((2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	201 Palm Drive Tampa, FL 33613		201 Sun Terrace Suite D Tampa, FL 33613
	07/26/2018		M18000006875
	Date of filing/registration in Florida	4.	Document number
(a)			
(4)	Registered Agent and Registered Office shown on the reco	rds of the Florida I	Dept. of State:
	Stroud, Rhonda		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	201 Sun Terrace Suite D		
	Tumas	22/12	207
	Tampa	_, FL <u>33613</u>	
			.020 HAY - 7
(b)	Enter name of NEW Registered Agent and/or NEW Regi		Tess:
	the first terms of the first ter		
	Platinum Agent Services LLC		
	NEW Registered Office Address:		
	155 Office Plaza Dr		7
	Tallahassee	FL <u>32301</u>	
iange gent v as/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the registered ted liability con bers of the limit	l office and the business office of the registered ipany, it is hereby confirmed that the change(s) red liability company or as otherwise provided it
	Nabil Cliya		Nabil R. Eliya
C :	ture of a member or authorized representative of a member	_	Printed or typed name of signee

notified in writing of this change.

Steven Friedman

Signature of Registered Agent