

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-0921  
Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
ROCK CREEK CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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10/30/2020

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROCK CREEK CAPITAL, 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:

Chad Welch

Name of Person

Rock Creek Capital, LLC

Firm/Company

P.O. Box 159

Address

Roanoke TX 76262

City/State and Zip Code

CWelch@RockCreekCapitalLLC.com

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

For further information concerning this matter, please call:

Chad Welch

Name of Person

at ( 704 ) 763-1995

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

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# 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: ROCK CREEK CAPITAL, LLC
2. (a) 4500 Mercantile Plaza, Suite 300  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Fort Worth, TX 76137
- (b) PO Box 159  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Roanoke, TX 76262
3. 02/01/2019  
Date of filing/registration in Florida
4. M19000001321  
Document number
5. (a) Northwest Registered Agent, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4th Street N, Ste 300  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
St. Petersburg, FL 33702
- (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

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 articles of organization or the operating agreement of the limited liability company.

Chad Welch  
Signature of a member or authorized representative of a member

Chad Welch  
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.

ASST. VP  
Signature of Registered Agent