M20 800 004 820

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

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25 J. 321 F.: 5: 39

SECTIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 01/21/25 Order #: 1758695-14

Re: ROCK BOTTOM GROUP LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Le Coppe -

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. Na	ame of the limited liability company: ROCK BOTTO	M GROL	JP LLC			
2. (a)	19219 Katy Fwy, Suite 500		19219 Katy Fwy, Suite 500			
4. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Houston, TX 77094		Hous	ton, TX 77094		
	05/28/2020		M2000	00004820		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	· <u></u>					
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State			f State:		
	C T CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			22		
	1200 S PINE ISLAND ROAD					
	PLANTATION FI	L33324				
				—————————————————————————————————————		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	<u></u>		
	The find of the registered regard and registered	u villet a				
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, FI	32301 L				
change agent was/w	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the line limited	red officion ompany, nited lia liability	re and the business office of the registered ; it is hereby confirmed that the change(s) ability company or as otherwise provided in company.		
	Michael R. Kelly	Mi	chael R.	Kelly, Manager		
_	nture of a member or authorized representative of a member		والمعالم والمعارض	Printed or typed name of signee		
provis. the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ace e perform ed for in hereby c	ance of Chapter confirm t	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 that the limited liability company has been		
Signati	GRACE E. KIRBY, ASST. V	/ICE PR	ESIDEN	NT .		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 COA-14910