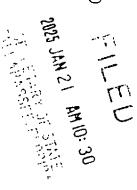
(Requestor's Name)  (Address)	40044183	4004418347	
(City/State/Zip/Phone #)	LLC RAG	1	
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)		12. TO 22.	
Certified Copies Certificates of Status		•	
Special Instructions to Filing Officer:			
	JAN 24 2025		

Office Use Only

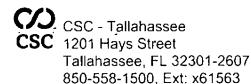


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A RAMSEY



To: Department Of State, Division Of Corporations

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

Ext: x61563 Date: 01/21/25 Order #: 1774590-2

Re: ROE INVESTMENT MANAGEMENT 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.

## 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.

L. Na	ame of the limited liability company: ROE INVESTM	IENT M	ANA	AGEMEN	IT LLC
2. (a)					
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		ζ-2.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1792 BELL TOWER LANE			1792 BE	LL TOWER LANE
	WESTON, FL 33326	_	-	WESTO	N, FL 33326
	02/09/2024		M	12400000	01674
3.	Date of filing/registration in Florida	— 4.	_		Document number
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	ida E	Dept. of Sta	<del>_</del> te:
	COGENCY GLOBAL INC			•	27
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		
	115 N CALHOUN ST STE 4				10000000000000000000000000000000000000
	TALAHASSEE	32301	1		BSJAN 21 AND: 30
			_	_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	addr	<u>tess</u> :	*F 0
	Corporation Service Company				
	NEW Registered Office Address:				-
	1201 Hays Street				_
	Tallahassee . Fl	L_32301	1		
change agent was/w	imited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the registe in the contraction of the li	ne S ered com	office ar ipany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/	Jose Luis Garcia	Jo	ose	Luis Gard	cia, Authorized Person
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and ag ions 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 a e perfori ed for in hereby	ct ir man Ch con	n this cap ace of my apter 60, firm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Grace E. Kirby		<u>Gr</u>	ace E. K	irby, Asst Vice President
Signati	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 COA-1/258