## 116000110586

| (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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Office Use Only



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WHAY-7 PHZ: 94

J. HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

| TO:    | Registration Section Division of Corporations  |                        |  |  |  |  |
|--------|--|------------------------|--|--|--|--|
| SUBJI  | Geffken Properties, LLC  |                        |  |  |  |  |
|        | Name of Limited Liability Company  |                        |  |  |  |  |
| Dear S | ir or Madam:   |                        |  |  |  |  |
| The en | closed Registered Agent/Registered Of  | fice Change and fe     | e(s) are submitted for filing.   |  |  |  |
| Please | return all correspondence concerning the   | his matter to the fol  | lowing:  |  |  |  |
| Gary   | Geffken, PhD   |                        |  |  |  |  |
|        | Name of Person   |                        |  |  |  |  |
| Geffk  | en Properties, LLC   |                        |  |  |  |  |
|        | Firm/Company   |                        | •  |  |  |  |
| 2833   | NW 41st Street, Suite 140  |                        |  |  |  |  |
|        | Address  |                        | •  |  |  |  |
| Gaine  | esville, FL 32606  |                        |  |  |  |  |
|        | City/State and Zip Code  |                        | •  |  |  |  |
|        | engroup@gmail.com  |                        |  |  |  |  |
| I      | E-mail address: (to be used for future an  | nual report notifica   | tion)  |  |  |  |
| For fu | rther information concerning this matte  | r, please call:        |  |  |  |  |
| Gary   | Geffken, PhD   | 352<br>at (            | 377 1426   |  |  |  |
|        | Name of Person   |                        | Area Code & Daytime Telephone Number   |  |  |  |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regis<br>Divis<br>P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 |  |  |  |
|        | Enclosed is a check for the following amount:  |                        |  |  |  |  |
|        | ☑ \$25 Filing Fee  | <b>□</b> \$55          | Filing Fee & Certified Copy  |  |  |  |

## 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:   | erties,   | LLC  |  |  |
|--|---|---|--|--|--|
| 2. (a)                                     | 2833 NW 41st Street, Suite 140  | a   | p)   |  |  |
| (-)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _   | · ···  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |
|  | 2833 NW 41st Street, Suite 140  |   |  |  |  |
|  | Gainesville, FL 32606   |   |  |  |  |
|  | 05/03/2018  | _   | L1600011   | 10586  |  |
| 3.   | Date of filing/registration in Florida  | 4.  |  | Document number  |  |
| 5. (a)                                     | Sui Generis Law, PLLC   |   |  |  |  |
|  | Registered Agent and Registered Office shown on the records of the  | he Florid   | a Dept. of State   | -<br>9:  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A   | IDDRESS   | <u> </u>   | •<br>•   |  |
| (b)  | Gainesville, , FL   | 32601   |  |  |  |
|  | Gary Geffken, PhD   |   |  |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |  | SECTION AND ADDRESS OF THE PARTY OF THE PART |  |
|  | Geffken Properties, LLC   |   |  | FLORIDA<br>FLORIDA   |  |
|  | NEW Registered Office Address:  |   |  |  |  |
|  | 2833 NW 41st Street, Suite 140  |   | •  |  |  |
|  | Gainesville , FL  | 32606   |  |  |  |
| signa  I here provisithe motified motified | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized epresentative of a member by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete place of the inverting of this change. It is a frequent of the proper and complete place of the change in the registered agent as provided in writing of this change. | the reginal the reginal the limited in the limited | stered office<br>ompany, it is<br>aited liability<br>liability com | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in upany.  Printed or typed name of signee  activ. I further agree to comply with the   |  |

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