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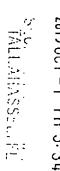
 ,	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
_	(Document Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
	GBR PHOENIX PROPERTY	LLC	
SUBJ	Name	of Limited Lial	pility Company
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to the fe	ollowing:
GAE	BRIEL C GOMES		
	Name of Person		_
GBF	R PHOENIX PROPERTY LLC		
	Firm/Company		
750	1 MOURNING DOVE CIR -STE 302		
	Address		_
REU	JNION, FL 34747		
·	City/State and Zip Code		_
gab	riel121@gmail.com		
	E-mail address: (to be used for future annu	ial report notific	zation)
For f	further information concerning this matter, [please call:	
GAE	BRIEL C GOMES	407 at (543-7438
	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	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

TO:

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

7501 MOURNING DOVE CIR STE 302 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) REUNION, FL 34747		7501 MOURNING DOVE CIR STE 3 (b)					
		- -					
07/03/2017		Fi	EI/EIN Numb	er 38-40	43434		
Date of filing/registration SILY HESLIN LAW, P.A.	in Florida	4.	Docu	ment num	ber		
Registered Agent and Registered Office st 8726 NW 26 ST STE26 STE		f the Florida De	ept. of State:		VIII.	2019 (
Registered Office Address (MUST BE	FLORIDA STREET	<u>"ADDRESS)</u>			MELANAST	2019 OCT - 1	
DORAL	, F	33172 L				PE	1
GABRIEL C GOMES					, 	PH 5: 34	
Enter name of NEW Registered Agent as	nd/or NEW Registers	d Office addre	<u>88</u> :				
7501 MOURNING DOVE C	IR STE 302						
NEW Registered Office Address:							
REUNION	, j·	34747 1					
imited liability company is not orga	nnized under the l da street address (aws of the St	ate of Florida.	it is hereb	y confir	med th	at a

Signature of a member or authorized representative of a member 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.

Printed or typed name of signee

Miller