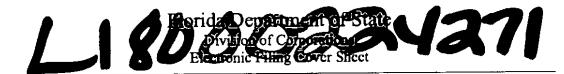
To: 18506176383 From: 14693173436 Date: 01/29/20 Time: 12:31 PM Page: 01/02



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(((H200000335973)))



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**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

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## LLC REGISTERED AGENT CHANGE **GULF TECH SPECIALISTS LLC**

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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.	Nai	ne of the limited liability company:	PECIALIST	rs elc	
2. (	a)		(b	)	
2. (		Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)
		1810 E, PALM AVENUE # 1104		1810 E. P.	ALM AVENUE # 1104
		TAMPA, FL 33605	<del></del>	TAMPA,	FL 33605
		09/20/2018		L18000224	2271
3.		Date of filing/registration in Florida	4.		Document number
5.	(9)				
٠.	( <i>a</i> )	Registered Agent and Registered Office shown on the records REGISTERED AGENTS INC.	of the Florida	Dept of Sta	Le.
		Registered Office Address	T ADDRES!	<u></u>	_
		7901 4TH STREET NORTH SUITE 300			203
		ST.PETERSBURG	33702 FL_		2020 JAN 29 SECRETARIAN
ı	(b)	Enter name of NEW Registered Agent and/or NEW Register LEGALING CORPORATE SERVICES INC.	ed Office au	ldress	DO JAN 29 AH IO: 19 RECREATE STATE R
		NEW Registered Office Address			- FE 9
		5237 SUMMERLIN COMMONS BLVD, SUITE 400	<del></del> .		_
		FORT MYERS	FL		_
eha age wa the	ange ent v is/w : art	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the families of a member of authorized representative of a member	liability of s of the lin he limited	ompany, it nited liabili liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed or typed name of signee
pro the to no	ovis e ob mer nijte	by accept the appointment as registered agent and come of all statutes relative to the proper and completing tions of my position as registered agent as provided reflect a change in the registered office address, and in writing of this change.	ided for in I hereby o	t in this cap nance of my Chavier 60 confirm that 20000033	5, F.S. Or, if this document is being filed the limited liability company has been