G84658

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

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 14, 2017

Order#: 760090/020

Re: GULF COAST DIVERSIFIED, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GULF COAST [DIVERSIFIED, INC.
2. The principal	office address: 5151 N. Ninth Ave	nue, Pensacola, FL 32504
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/14/19	84 Document number: G84658
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
	Karen O. Emmanuel	
	5151 N. Ninth Avenue	
	Pensacola	FL 32504
6. The name and (if changed):	street address of the new registe	FL 32504 red agent (if changed) and /or registered office
	Corporation Service Company	A 22
	1201 Hays Street	* ? ?
		Box NOT acceptable
	Tallahassee	FL 32301
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.
Xiee_	2 agni	Jill Cilmi, Vice President
(.) "	e of an officer or director	Printed or typed name and title
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.
By: Ce	nature of Registered Agent	08/14/2017
_		Date
	nalf of an entity:	
 	Asst. Vice President	_
1 j	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *