LOACOCOGATOTI

| (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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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---------|--|----------------------|--|--|--|--|
| SUBJ | MAYR HOLDINGS, L.L.C. ECT: | | | | | |
| | • | Name of Limited I | Liability Company | | | |
| Dear S | Sir or Madam: | | | | | |
| The er | nclosed Registered Agent/Registered | Office Change and | I fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning | g this matter to the | following: | | | |
| Holly | Nikolich | | | | | |
| | Name of Person | | | | | |
| Mika & | & Nikolich, PA | | | | | |
| | Firm/Company | | | | | |
| 1330 N | Aain Street, 2nd Floor. Office 1 | | | | | |
| | Address | | <u> </u> | | | |
| Saraso | ta, FL 34236 | | | | | |
| | City/State and Zip Co | de | | | | |
| Holly l | @mnfirm.com | | | | | |
| Ī | E-mail address: (to be used for future | annual report noti | fication) | | | |
| For fu | rther information concerning this ma | tter, please call: | | | | |
| Holly | Nikolich | 941 at (| 345-7941 | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the follow | ving amount: | | | | |
| | ■ \$25 Filing Fee | □ 5 | 555 Filing Fee & Certified Copy | | | |
| INHS1 | 8 (2/14) | | | | | |

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 | me of the limited liability company: | GS, 1L. | C. | |
|----------------------------|--|---|---|--|
| 2. (a) | 786 S. Orange Avenue, Sarasota, FL 34236 | (| 786 S. Or | ange Avenue, Sarasota, FL 34236 |
| . (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 10/14/2002 | | L020000276 | 071 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Margaret Shoaf | | | _ |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 49 N. Washington Blvd., Suite 29 | | | ee: |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>ADDRES</u> | <u>S)</u> | |
| | Sarasota, FL | 34236 | | 12 |
| (b) | Holly Nikolich | | | 2029 AUG |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office at | ddress: | J6- |
| | 1330 Main Street, 2nd Floor, Office 1 | | | SSEE L |
| | NEW Registered Office Address: | | | FILED AM 8: 39 ALLAHASSEE, FLORIDA |
| | Sarasota, FL_ | 34236 | | |
| hange igent v vas/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | register bility co f the lin | ed office an ompany, it is nited liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| | 11101 | Fric | drich Mayr, | Manager |
| Signat | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the provided by the prov | ee to ac perform I for in (pereby c | t in this cap ance of my Chapter 603 onfirm that | acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been |

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