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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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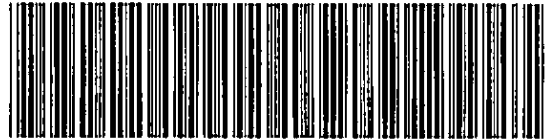
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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A. RIVERS

MAR 2 - 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATE WAY 4302, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS D. EMDE

\_\_\_\_\_  
Name of Person

GATE WAY 4302, LLC

\_\_\_\_\_  
Firm/Company

2737 ORANGEHURST STREET

\_\_\_\_\_  
Address

APOPKA, FLORIDA 32703

\_\_\_\_\_  
City/State and Zip Code

tkemde@cfl.rr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS D. EMDE

407  
at ( )

421-9669

\_\_\_\_\_  
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 following amount:**

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: GATE WAY 4302, LLC
2. (a) 2737 ORANGEHURST STREET, APOPKA FL 32703  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
2737 ORANGEHURST STREET  
APOPKA, FLORIDA 32703
- (b) 2737 ORANGEHURST STREET, APOPKA, FL 32703  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
2737 ORANGEHURST STREET  
APOPKA, FLORIDA 32703

3. 01/26/2004 Date of filing/registration in Florida
4. L04000006701 Document number

5. (a) ALTON L. LIGHTSEY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
808 S. DENNING DRIVE, WINTER PARK, FL 32789  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
808 S. DENNING DRIVE  
WINTER PARK, FL 32789

- (b) THOMAS D. EMDE  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
2737 ORANGEHURST STREET, APOPKA, FL 32703  
NEW Registered Office Address:  
2737 ORANGEHURST STREET  
APOPKA, FL 32703

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas D. Emde  
Signature of a member or authorized representative of a member

THOMAS D. EMDE  
Printed or typed name of signee

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.

Thomas D. Emde  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA