L040000 20294

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	(
SUBJECT: DAVE Gilbert (Name of Lim	COMS Fuction ited Liability Company)	LLC
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	d for filing.
Please return all correspondence concerning this m	atter to the following:	
DAVE GINERT (Name of Person) DAVE GINERT CONSTRUCT (Firm/Company) 980 Hwy 196 (Address)	HOW KLC	2000 OCT -6 P 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(City/State and Zip Code)	<u>7·1 </u>	
For further information concerning this matter, ple	ase call:	
(Name of Person) at (_	850) 554-912 (Area Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$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 608.416 or 608.508, 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:	Gilbert Construction LCC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 980 Nwy 196 molino 70 32577
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
9/29/08	L0400000000000000000000000000000000000
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State
Registered Agent:	BIZ FILINGS TNOC
Registered Office Address:	1203 GOVETNOTS SQUAREBLE TAILAMASSEE IL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Dave Gilbert 980 Hwy 196 Molino FL 32517
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles dimited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is
Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the promotion of my position from the provision of my position of my positi	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.
(Signature of Registered Agent)	

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