· L04000031431

(Re	equestor's Name)		
(Ad	ldress)		
. (Ad	Idress)		
(Au	uiess)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
,50	isiness Enuty Nan	110)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



200224858982

03/26/12--01011--029 **135.00

12 MAR 26 AM II: 50 SECHETARY OF STATE ALLAHASSEE, FLORIDI

COVER'LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT:	Southern Florida Gas, LLC		
	ין	Name of Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence co	ncerning this matter to the following:		
	Maurilio G. N	ieto		
	Name of Person			
	Firm/Company	<u> </u>		
	3562 S.W. San Ben	ito Street		
	Address	NO OHOOL		
	Port St. Lucie, FL	34953		
	City/State and Zip Co			
	chrisponsoldt@yah	noo.com		
E-	mail address: (to be used for future ann	ual report notification)		
For fu	rther information concerning	this matter, please call:		
•	C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Maurilio G. Nieto	at (772) 204-1660		
	Name of Person	at (//2) 204-1660 Area Code & Daytime Telephone Number		
		·		
	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	- and and the first of the same of the sam		
	Enclosed is a check for the	following amount:		
	√825 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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	LERA FLORIDA GIAS, LLC
2. (a) Principal office address of limited liability compar	ny: 15775 WANTIEWS BLUT
(Note: MUST BE STREET ADDRESS)	FromTown, FL 34956
(b) Mailing address of limited liability company:	2740 SW MARTIN DOWNS
(Note: MAY BE POST OFFICE BOX)	Dute 240
12/11/10	104000037437
3. Date of filing/fegistration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	GAZERBOS Unlimited CORP.
Registered Office Address:	Parm CITY, EL 34990
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	MAURILIO 9. Nieto
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3562 S.W SAN BENITOS
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. By the agree to comply with the provisions of all statutes relative to the proper and complete performance of mediuties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

Signature of Registered Agent