05000087818

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
		00
		KH

Office Use Only

B. KOHR

OCT 1 2 2012

EXAMINER

المحارثة أوري



300239345393

10/09/12--01023--004 **25.00

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.

Name of the limited liability company:	6111 GILLOT LLC	
2. (a) Principal office address of limited liability company	y: 15578 MEACHAM CIRCLE	
(Note: MUST BE STREET ADDRESS)	PORT CHARLOTTE, FL 33981	
(b) Mailing address of limited liability company:	15578 MEACHAM CIRCLE	
(Note: MAY BE POST OFFICE BOX)	PORT CHARLOTTE, FL 33981	
SEPTEMBER 7, 2005 3. Date of filing/registration in Florida	L 050000 87848 = 5	
5. (a) Registered Agent and Registered Office shown on	The results	
Registered Agent:	WARREN R ROSS	
Registered Office Address:	223 TAYLOR ST PUNTA GORDA, FL 33950	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address:	
NEW Registered Agent: NEW Registered Office Address:	15578 MEACHAM CIRCLE	
(MUST BE FLORIDA STREET ADDRESS)	PORT CHARLOTTE ,FL33981	
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. Signature of a member or authorized representative of a member		
IRENE C PINARD Printed or typed name of signer	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 603, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

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

Signature of Registered Agent

July 1988