

LD5000117884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

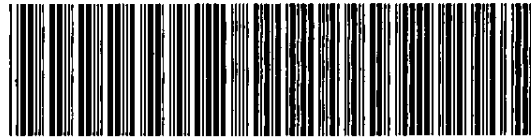
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
NOV 22 2011  
EXAMINER

**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: Gulls Partners, LLC

2. (a) Principal office address of limited liability company: 475 West Town Place

(Note: MUST BE STREET ADDRESS)

Suite 114  
St. Augustine, FL 32092

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

475 West Town Place  
Suite 114  
St. Augustine, FL 32092

12/12/2005  
3. Date of filing/registration in Florida

LD5000117884  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

League & Gjesperson, P.A.

Registered Office Address:

3955 Riverside Dr.  
Suite 100  
Jacksonville, FL 32205

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

John Duffy

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

750 Park of Commerce Blvd.  
Suite 400  
Boca Raton, FL 33487

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

Darrin Mossing  
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 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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