

LO60000 23032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

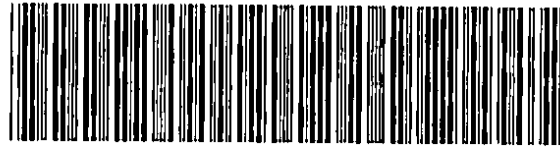
(Business Entity Name)

(Document Number)

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JAN 12 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOMEZ NURSERY 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:

EDUARDO A. GOMEZ
Name of Person

GOMEZ NURSERY, LLC
Firm/Company

OX 960871
Address

MIAMI, FLORIDA 33296
City/State and Zip Code

EDDYGOMEZ@GOMEZSALES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRIA E. GOMEZ at () 786-282-1929
Name of Person Area Code & Daytime Telephone 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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

8 (2/14)
AID Check No 1752

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: GOMEZ NURSERY, LLC

2. (a) GOMEZ NURSERY LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

*AD
Date 5/5*

18471 SW 104 STREET
MIAMI, FLORIDA 33196

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO BOX 960871
MIAMI, FLORIDA 33296

3. 03/02/2006 Date of filing/registration in Florida
4. L06000023032 Document number

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

*FILED
2019 JAN -2 PM 6:29
TALLAHASSEE, FLORIDA*

EDUARDO A. GOMEZ
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
18471 SW 104 STREET
MIAMI, FL 33196

(b) EDUARDO A. GOMEZ
Enter name of NEW Registered Agent and/or NEW Registered Office address:

GOMEZ NURSERY, LLC
NEW Registered Office Address:
12016 SW. 255 STREET
HOMESTEAD, FL 33032

*Mailing Address
P.O. Box 960871
Miami, Fla. 33296*

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered office will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

Eduardo A. Gomez
Signature of a member or authorized representative of a member

EDUARDO A. GOMEZ
Printed or typed name of signer

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Eduardo A. Gomez
Signature of Registered Agent