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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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2015 JUN -5 P 2: 35 SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations					
Gomez Technology Solutions, LLC SUBJECT:					
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 t	o the following:				
Antonio Gomez					
Name of Person					
Gomez Technology Solutions, LLC					
Firm/Company					
6800 SW 40th Street #226					
Address					
Miami, FL 33155	20 TAL				
City/State and Zip Code	2015 JUN SECRETA ALLAHAS				
tony@gomeztechnology.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please ca	II: STAT				
Antonio Gomez 30	5 9920337 Pri 3				
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				

INHS18 (2/14)

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.

. Na	me of the limited liability company: Gomez Tech	nology Solutions,	LLC
. (a)	6800 SW 40th Street #226	(b) 6800 SW 40th Street #226	
· ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33155	Miami, F	L 33155
	5/27/2015	L0600011	6023
	Date of filing/registration in Florida	4.	Document number
(a)	Antonio Gomez		- ~
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	2015 JUN -S SECRETAF TALLAHAS
	3000 Coral Way #613		麗皇
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	S JUN -5 P
	Miami , FI	33145	15.15
(b)	Antonio Gomez		ATE AS
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	6800 SW 40th Street #226		
	NEW Registered Office Address:		
	Miami	33155	
e cha gent v as/we	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the State of Flo f the registered office lability company, it is of the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in ipany.
Signa	ture of a member or authorized representative of a member	74101110 00111	Printed or typed name of signee
here rovisi he obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the proper and complete the reflect a change in the registered office address, I din writing of this change.	ree to act in this cape performance of my e ed for in Chapter 605 hereby confirm that t	acity. I further goree to comply with the
ignatu	re of Registered Agent		

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