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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: Change of registered agent Name of Corporation
DOCUMENT NUMBER: L07000019726
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Edwards
Name of Contact Person
G&T One, LLC
Firm/Company
8624 N Himes Avenue
Address
Tampa, FL 33614
City/State and Zip Code
kedwards@garyjamesinc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Edwards 813 932-2570 x 9822
Name of Contact Person at (813) 932-2570 x 9822 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State already faid -
UC# 814178 dated 813/21
Mailing Address: Street Address:
Amendment Section Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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. Na	ame of the limited liability company: 6FT She LUC	
2. (a)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8624 N. Himes the Pa	BOX 271508
		ampa Fi 33688
	Date of filing/registration in Florida 4.	7000019726
3.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	120x W Charter Street	2020
	Tampa .FL33602	
		Andrew Co. Comments
(b)	Inthony J. Gradicy	>SS 6 1
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SCO 🗻 🗐
		AMIO: 49 OF STATE
		6
	NEW Registered Office Address:	
	South N things Are	
	Tanpa F1. 33414	
If the li	imited liability company is not organized under the laws of the State of Flor	ida it is harahu gantirmad that after the
CHRITICO	or changes are made, the Florida street address of the registered office and	the business office of the registered
was/we	ere authorized by an affirmative vote of the members of the limited liability	tereby confirmed that the change(s)
the artic	cies of organization or the operating agreement of the limited liability comp	any.
	Hour Edward Kair F	ANGO CFO Printed or typed name of signee
I hereb provisio the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my duigations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the lim writing of this change.	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Since Land	fold the by	
əigna di r	re of Registered Agent	

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