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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations			
SUBJECT: Gold Shovel Companies, LLC			
(Name of Limited	l Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this management	atter to the following:		
Kelly Zarzycki, Esq.	200 SE TAL		
(Name of Person)	CCRE CARE		
Shumaker, Loop & Kendrick, LLP  (Firm/Company)	TARY CASSEE		
(Fine company)	FES D		
101 East Kennedy Blvd, Ste. 2800	2: 59 STATE ORIDA		
(Address)	——————————————————————————————————————		
Tampa, FL 33602			
(City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
Kelly Zarzycki, Esq. at (8	313 <sub>)</sub> 221-7154		
(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 amo	ount:		
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy		

## 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.

agent, or both, in the S	tate of Fiortaa.						
1. The name of the lim	ited liability comp	pany is: Gold S	hovel Companies,	LLC			
2. The mailing address	of the limited lial	bility company	is : P.O. Box 21	12396, Royal F	Palm Bea	ch, FL 33421	
4/12/07			L0700003	39604			
3. Date of filing/registration in Florida			4. Document number				
5. The name of the reginerate of the reginerate of the reginerate of the region of the		he registered o	ffice address as	shown on the	e records	of the	
•	Schner, Larr	y EPA					
		Name	;				
	750 South Div						
	Dana Datas I	Addres	SS				
	Boca Raton, F	City, State a	nd Zin				
6 m 1 11	0.1	• /	•				
6. The name and addre	ss of the new regis	stered agent an	d/or office:	IXI IS	20		
	Kelly Zarzyck	i, Esq.		ECR LA	2007 AUG		
		Name		A T			
			, 101 E. Kennedy I	——————————————————————————————————————	2	-	
	Florida street	address (P.O.	Box NOT acce	ptable) m		M	
	Tampa,	FI.	33602	1. 1.S.1	D 2:		
		City, State an			<u></u>		
TC-1 11 1-111-1111-1111-1111-1111-1111-1		• .	•	$\triangleright$	9	1	
If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreed (Signatura of a member or aut	e change or chang of the registered hereby confirmed limited liability con the limited	es are made, the agent will be idented that the change ompany or as of a liability comp	te Florida street dentical. Or, in ge(s) was/were a otherwise provid	address of the the case of a outhorized by	e register Florida li an affirm	red office imited native vote	
TASON RICHO (Printed or typed name of sign	nee) Execu	TIVE DIREC	<u>70</u> K				
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as regi. ions of all statutes and accept the ob if this document i. irm that the limited	stered agent ar s relative to the ligations of my s being filed to d liability comp	nd agree to act it proper and color position as regimerely reflect to bany has been n	in this capaci mplete perfor gistered agent a change in th otified in wri	ty. I furt mance of as provi he registe ting of th	her agree to f my duties, ided for in ered office is change.	

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

(Signature of Registered Agent)