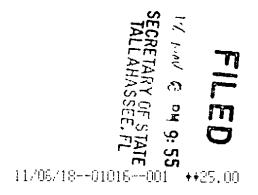
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(Req	uestor's Name)	
bbA)	ress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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J157-18

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	GOSSELIN BUSINESS ADVISO	GOSSELIN BUSINESS ADVISORS, LLC			
		Name of Limited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matt	er to the following:			
Pame	ela Bozkurt				
	Name of Person				
GOSS	SELIN BUSINESS ADVISORS, LLC				
•	Firm/Company				
118 V	V. MCKEY STREET				
	Address				
118 V	V. MCKEY STREET				
	City/State and Zip Code				
pam@	gosselinrealty.com				
E-	-mail address: (to be used for future annual re	port notification)			
For furt	ther information concerning this matter, please	call:			
Pame	la Bozkurt	407 654-6688			
	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.

1. Na	ame of the limited liability company:	N BUSINESS	ADVISORS, LLC		
2. (a)	118 W. McKey Street, Ocoee, FL 34761	(b) 1	(h) 118 W. McKey Street, Ocoee, FL 34761		
2 . (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10/11/2007		07000103664		
3.	Date of filing/registration in Florida	4.	Document num	ber	
5. (a)	Robert E. Gosselin				
()	Registered Agent and Registered Office shown on the record	ls of the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STRE	EFT ADDRESS)			
	118 W. McKey Street,			SE S	
	Ocoee	, FL 34761		FALL FALL	—
		, L L		V . AH.	=
(b)	Pamela Bozkurt	1065 11		S P ASS	Ø-
	Enter name of NEW Registered Agent and/or NEW Register	ereg Onice aggre	<u>S</u> .		
				9: 5: STATI . FL	6
	NEW Registered Office Address:			Lt. Ci	
	213 E. Bay Street				
	Winter Garden, FL	, FL 34787			
the char agent w was/we	imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe cies of organization or the operating agreement of	s of the register od liability comp ers of the limited	ed office and the busines cany, it is hereby confirm I liability company or as	ss office of the regist ned that the change(s)	ered)
	duy 4 Danel	Rober	t E. Gosselin		
	ure of a member or authorized representative of a member		Printed or typed na	-	
I hereb provision the oblino notified I	by accept the appointment as registered agent and cons of all statutes relative to the proper and compligations of my position as registered agent as provily reflect a change in the registered office address in myriting of this change?	agree to act in lefe performand vided for in Cha s, I hereby confi	this capacity. I further a e of my duties, and I am pter 605, F.S. Or, if this rm that the limited liabil	ngree to comply with familiar with and ac document is being f lity company has hee	the cept iled n
Signatur	to of Registered Agent				