07000113378

(Re	equestor's Name)	
(Ad	dress)	
,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D.,		
ua)	siness Entity Nam	ne)
(Do	cument Number)	• •
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	
		1
<u></u>		





400158585134

07/27/09--01012--002 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

T. HAMPTON

JUL > 8 2009

EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations			
SUBJECT: McGrath Name of Limite	Gibson, LLC d 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 m	natter to the following:		
Michael D. McGrath Name of Person			
Firm/Company			
rinn/Company			
6117 Atlantic Blvd.	<u> </u>		
Jacksonville, FL 322 City/State and Zip Code	11		
Mcgratholearnyourrights.com	ion)		
For further information concerning this matter, please call:			
Michael D. McGrath at (904 <u>358-3300</u> 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		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	98, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability company: $\frac{1}{2}$	rath Gibson, LLC
2. (a) Principal office address of limited liability company	: 6117 Atlantic Blud.
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 30211
(b) Mailing address of limited liability company:	6117 Atlantic Blud.
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32211
3. Date of filing/registration in Florida	L07000113378 4. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	Michael D. McGrath
Registered Office Address:	109 E. Bay St. Jacksonville, FL 32202
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address: Michael D. McGrath
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jacksonville ,FL30211
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s)	aws of the State of Florida, it is hereby orida street address of the registered office