

LD9000017715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida FGT, LLC
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 to the following:

Donald L. Rockwood
Name of Person

Florida FGT, LLC
Firm/Company

2220 NW 21st St.
Address

Gainesville, FL 32605
City/State and Zip Code

floridafgt@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald L. Rockwood at (352) 373-6358
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

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.

1. Name of the limited liability company: Florida FGT, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

2220 NW 21st St
Gainesville, FL 32605

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

2220 NW 21st St.
Gainesville, FL 32605

2/20/2009
3. Date of filing/registration in Florida

L09000017715
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Donald L. Rockwood

Registered Office Address: 2220 NW 21st St.
Gainesville, FL 32605

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donald L. Rockwood
Signature of a member or authorized representative of a member

Donald L. Rockwood
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lamont W Jones
Signature of Registered Agent
Lamont W Jones, Assistant VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
APR 12 PM 1:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE