10900011	4835
(Requestor's Name) (Address) (Address)	300294003943
(City/State/Zip/Phone #)	01/11/1701009007 **25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	FILED SECRETARY OF STATE TALLANASSEE, FLORIDA
Office Use Only	· ;
	DISCOTT

•

ŀ

D. SCOTT FEB 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations

pany SUBJECT: 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:

Firm/Company Kentucky 21 St. CLOUD, FL 34769 City/State and Zip Code Chancy@gentryland.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Keed\_ Berline

Name of Person

at (<u>321</u>) <u>805-4830</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

\$55 Filing Fee & Certified Copy

FILED TALLAHASSEE, FLORID,

÷

Enclosed is a check for the following amount:

🗴 \$25 Filing Fee

INHS18 (2/14)

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

1

1

The street

1

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. Ni 2. (a)	ame of the limited liability company: <u>Gentry</u> (1 <u>1217 Kentucky Avenue</u> (1 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	and Company, LLC (b) 1217 Kentucky Avenue Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Cloud, FL 34769	St. Cloud, P2 34769	
3.	Date of filing/registration in Florida 4.	LD9060114835 Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida 100 S. ASHI-EY DRIVE S Registered Office Address (MUST BE FEORIDA STREET ADDRESS	He 400	
(b)	Tampa, FL 33 Todd Hoepker, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	3202	
	55 East Pine Street NEW Registered Office Address:	ED HI H 31	
	Orlando , FL 32	2801	
the char agent w was/wer	mited liability company is not organized under the laws of the nge or changes are made, the Florida street address of the regis vill be identical. Of, in the case of a Florida limited liability cor re authorized by an affirmative vote of the members of the limit cles of organization or the operating agreement of the limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
I hereb provisio the oblig to merel	ure of a member or authorized refresentative of a member by accept the appointment hs registered agent and agree to act ons of all statutes relative to the proper and complete performa gations of my position as registered agent as provided for in C by reflect a change in the registered office address, I hereby co. in writing of this change.	Printed or typed name of signec t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
Signaturo	c of Registered Agent	Te Tellahanna EI 27214	
Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (2/14)

۱,