109000122264

(Reque	stor's Name)					
(Addre	SS)					
(Addre:	55)					
(City/S	tate/Zip/Phone #)					
☐ PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing C	Officer:					
ر الاران الاران	J DENNIS					
10 OF STATE AP 8: 53	JUL 1 4 2023					
111 (-)						
SEGELTARY	Office Use Only					



800411828198

2023 JUL 13 AM 11: 15

<u>.</u>

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. N	lame of the limited liability company:GAFFNEY AN	IDERSON	N INVES	STMENTS, L.L.C.		
2 (a)		((b)			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	2151 Central Avenue	2151 Central Avenue				
	St. Petersburg, FL 33713		St. P	etersburg, FL 33713	burg, FL 33713	
	12/24/2009		L0900	0122264		
3.	Date of filing/registration in Florida	 4.		Document num	ıber	
5. (a					ري دي چې	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	da Dept. o	of State:	SECRET	
	CT CORPORATION SYSTEM		·		SEURETARY 2023 JUL 13	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				一一是	
	1200 S PINE ISLAND RD		300			
	PLANTATION	., 33324			13 AH 8: 53	
	, F	FL_0002+			8. 53 8. 53	
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	eu Onice a	<u></u>			
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, F	L_32301				
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne register liability c of the line e limited	red offic ompany nited lia liability	te and the business of it is hereby confirm ability company or as company.	ffice of the registered ned that the change(s)	
-01	Lie E. Coni	Jill —-	Jill Cilmi, Authorized Person			
	ature of a member or authorized representative of a member			Printed or typed n	-	
provis the ob to men notifie	rby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	gree to ac e perform led for in I hereby c	t in this tance of Chapter confirm t	capacity. I further a my duties, and I am 605, F.S. Or, if this that the limited liabil	agree to comply with the Jamiliar with and accept s document is being filed lity company has been	
<u> </u>	Junea 2-Kuby, ure of Registered Agent					
	ure of Registered Agent e E. Kirby, Asst. Vice President					

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

. . . > >