## L10000035249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
,,	<b>-</b>	<b>_,</b>
(Do	cument Number)	
(50)	cument (vumber)	
Continue Continue	0 - 470 1 -	
Certified Copies	_ Certificates	s or Status
	•	
Special Instructions to	Filing Officer:	

Office Use Only



200286980642

06/30/16--01008--010 \*\*25.00

SECKETAKE OF STATE

J. Horiste

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations			
SUBJECT: GATOR FAMILY 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 m	natter to the following:		
Littell, Charles W.			
Name of Person			
Firm/Company			
2234 NW 40th Terrace, Suite B			
Address			
Gainesville, FL 32605			
City/State and Zip Code	<del></del>		
littell@scruggs-carmichael.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, ple	ease call:		
Charles W. Littell	352 416-3474		
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 an	iount:		
□ \$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 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

no cl	nange	(b) no	change
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
5/31	/10	L10	0000035249
<del></del>	Date of filing/registration in Florida	4.	Document number
Cha	rles W. Littell		
	ered Agent and Registered Office shown on the records	of the Florida Dep	t. of State:
Regis	tered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
404	11 NW 37th Place, Suite B		Aug of
Gai	nesville	<sub>FL</sub> 32606	
Cha	rles W. Littell		ASSET OF THE TOTAL PROPERTY OF THE TOTAL PRO
	name of NEW Registered Agent and/or NEW Registe	red Office address	AH 10: 42
NEW	Registered Office Address:		
223	34 NW 40th Terrace, Suite B		
Ga	inesville	FL_32605	
change on will be some of the second control	I liability company is not organized under the or changes are made, the Florida street address identical. Or, in the case of a Florida limited	laws of the Sta s of the registered liability comp rs of the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in elity company.  Catherine Kirkpati

Signature of Registered Agent