110000017742

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400444716434

02/19/25--01040--014 **25 00

2025 FEB 19 AH B: 87 SELLE ANT OF STATE ALLIANSSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
Gey Concord LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Meladie Gey-Burke				
Name of Person				
Gey Concord LLC				
Firm/Company				
34 E Linden ST				
Address				
Alexandria, VA 22301				
City/State and Zip Code				
mgeyburke@Gmail.com				
E-mail address: (to be used for future annu	nal report notification)			
For further information concerning this matter, p	please call:			
Meladie Gey-Burke	703 606-5964 at ()			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following a	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 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. Na	ame of the limited liability company: Gey Concord Ll	_C	
2. (a)	Meladie Gey-Burke	(b)	eladie Gey-Burke
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	34 E Linden St	34	E Linden St
	Alexandria, VA 22301	Ale	exandria, VA 22301
	5/1/2010	L10	000047742
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc		
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Depi	t, of State:
	7901 4th St N		
	Registered Office Address (MUST BE FLORIDA STREET.	<u> </u>	
	Ste. 300		71.025 1.1025
	St. Petersburg , FL	33702	ARC PEB
	,,	- 	FILED 19 M SSFELF
(b)	Sean Powers		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	STATE LORID	
	1904 Manatee Ave. W	37 10 _A	
	NEW Registered Office Address:		
	Bradonton	34205	
	Bradenton , FL	~ 	
change agent was/w the art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the which we will be a second or the operating agreement of the which which which we will be a second or the operating agreement of the which which we will be a second or the operating agreement of the which which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operating agreement of the which we will be a second or the operation of the operati	e registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signce
provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dipwriting of this change.	ree to act in the performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
	Fean IV Dowers ire of Registered Agent		