1100000 59051

(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





900315299529

07/05/18--01023--008 ••75.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

O SIMMONS
JUL 0 9 2018

COVER LETTER

Division of Corporations			
SUBJECT: GULF CAST LINAME OF LIMI	OME EXPERTS LLC ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o the following:		
CYNTHIA TANT Name of Person GULF COAST HOME Firm/Company 316 W CERVANTES Address PENSACOLA FL City/State and Zip Code	EXPERTS, LIC T, STE A 32501		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please ca	11:		
CYNTHIA TANT at (E) 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		

INHS18 (2/14)

*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 cr registered agent, or both, in the State of Florida.

I. Nan	Name of the limited liability company: GULF COAST †	tome EXPERTS, U
2. (a) 🗐	Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PENSACOLA, FL 3250 PE	NSACOLA, FL 3250
	Date of filing/registration in Florida (a) CYNTHA + ANT Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 316 WCERVANTES ST STE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Document number te: A
	PENSACOLA FL 3250 Enter name of NEW Registered Agent and/or NEW Registered Office address: SIGN CERVANTES ST ST NEW Registered Office Address:	FILED FILED SECRETARISH A
	PENSACOLA FL 3250	<u></u>
the chan agent wi was/wer the artio	change or changes are made, the Florida street address of the registered office in will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liability articles of organization or the operating agreement of the limited liability company.	te and the business office of the registered is hereby confirmed that the change(s)
provisió the obliv to merel notified	ereby accept the appointment as registered agent and agree to act in this convisions of all statutes relative to the proper and complete performance of my obligations of my position as registered agent as provided for in Chapter 66 agent and ress, I hereby confirm that field in writing of this chapter.	I further agree to comply with the eduties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
/	1	