## 10000086161

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Chariel Instructions to	Filing Officer	
Special Instructions to	riting Onicer.	
		i
		!
		,

Office Use Only



900210571889

08/05/11--01005--019 \*\*25.00

SECRETARY OF STATE

2011 AUG -5 AM 11: 8

T. CLINE

AUG - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Coast Name of 1	Carpet Care LLC 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:
PETER SZUBA Name of Person	<del></del>
Gulf Coast Carpet Care Firm/Company	2011 AUG -5 SECRETARN TALLAHASSI
2123 Tom St.	111
Navarre FL 3256 City/State and Zip Code	OF STATE E. FLORIDA
Peter Szuba 2@ Netzero, com E-mail address: (to be used for future annual report of	notification)
For further information concerning this matt	ter, please call:
PETER SZUBA  Name of Person	at (850) 217-2889  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	ng 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 608.416 or 608.508, 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. Name of the limited liability company:Gu F C	past Carpet Care LLC
2. (a) Principal office address of limited liability company	: 2123 Ton st.
(Note: MUST BE STREET ADDRESS)	Navarre FL 32566
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	2123 Tom st. Navarre FL 32566
3. Date of filing/registration in Florida	L 100000 86161 4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, Inc.
Registered Office Address:	13302 Winding Oaks Bird. Suite A-100 Tampa FL 336/25 US
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address
NEW Registered Agent:	PETER M. SZUBA ST
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Navarre Dm , N. 32566
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
PETER M. SZNBA	
Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company  Signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.