Division of Corporations



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To:	
Division of Corporations	
Fax Number : (850)617-6383	
From:	
Account Name : REGISTERED AGENTS INC.	
Account Number : 120090000081	
Phone : (307)200-2803	::
Fax Number : (855)330-1010	<u></u>
**Enter the email address for this business entity to be used for future	
annual report mailings. Enter only one email address please.**	(T)
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Email Address:	
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LLC REGISTERED AGENT CHANGE GADOOK, LLC

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SEP 1 3 2019

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: Gadook,	LLC		
2. (a)	1101 Miranda Lane	(b) 1101 Miranda Lane		
2. 10)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \"/_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	131	_ 1	31	
	Kissimmee, FL 34741	K	issimm	nee, FL 34741
	01/28/2011	L1	1000	012156
3.	Date of filing/registration in Florida	- 4.		Document number
• / 3	DANIELS, DAVID			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of Stat	_ e:
	1101 Miranda Lane			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	131			
	Kissimmee . FL	34741		-
	Registered Agents Inc.			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>88</u> :	- ∴ . •
	7001 4th St N			
	7901 4th St N		·	- · · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			
	STE 300	·		
	St. Petersburg	33702		
the cha agent was/w the art Signa I here provis the ob- to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attire of a member or authorized representative of a member. The accept the appointment as registered agent and agrifunctions of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address, I is	the register ability comp of the limite limited liab Riley	red offic pany, it i d liabili pility con Park	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Printed or typed name of signee
nouye	d'in criting of this change. Bill Havre - Assistan			

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

Signature of Registered Agent