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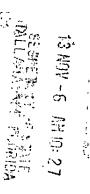
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COVER LETTER

Division of Corporations
SUBJECT: GGtor Creek Technologies Lee 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 matter to the following:
Hyan Moore Name of Person
Gator Creck Technologies, LC
6741 Nolls Way
Lakoland FL 33813 City/State and Zip Code
Fyan magagetor - Creck, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sugn Moore at (863) 393-5502 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

\$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in ordered agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: <u>Gator</u>	Crock Technologies, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 6741 Nolls Way Lakeland FL 33813
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6741 Nolls Way Lakeland FL 33813
11/04/2013	411000117182
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, TAK.
Registered Office Address:	13302 Winding Oak Court
	Tampa FL 33612
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Byan Moore
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6741 Nells Way Lakeland FL 33813
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of ise provided in the articles of organization or
Furm (Moore	- Same and the second s
Signature of member of authorized representative of a member	
Byan J Moore	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to open and complete performance of my duties, position affects of the performance of the complete performance of the compl
address, I be eby confirm that the limited liability compan	y lias been notified in writing of this change.

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