112000000112

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ee)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





700274033627

07/06/15--01026--004 **25.00

2015 JUL -6 P 12: 4:

JUL 0.7 2015 3 BRUCE

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: GBB LLC Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this ma	atter to the following:	
Kathleen A O'Can	nell	
GBB LLC Firm/Company		
PO Box 1585 Address		2015 JUL SECRET
Santa Rosa Beach, FL City/State and Zip Code	32459	JUL -6 P
gbbllcoutdoorservices Ba	<i>mail.com</i>	P 12: 44 OF STATE FLORIDA
For further information concerning this matter, plea	ise call:	
Kathleen A. Ocennell a	1 (<u>\$50</u>) <u>687 9899</u> Area Code & Daytime Te	elephone 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 amo	ount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified C	ору

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 10/14	$^{\circ}$
1. Na	une of the limited liability company: 5155 224
2. (a)	86 Mountain Top Dune Drive (b) PO Box 1585
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Santa Rosa Beach, FL 32459 Santa Rosa Beach, FL 32459
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Clint R. Benge
3. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	86 Mauntain Top Dune Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Santa Rosa Beach, FL 32459
	Santa Rosa Beach FL 32459
	,FL
(b)	William L. Ketchersid Enter name of NEW Registered Agent and/or NEW Registered Office address:
	y
	Ward & Ketchersid, P. A. NEW Registered Office Address:
	1241 Airport Load, Ste H
	Destin ,FL 32541
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been if in writing of this change.

Signature of Registered Agent