11200003756

(Requestor's Name)	
(Address)	<u> </u>
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	MAIL
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K. SALY SEP - 7 2017

COVER LETTER

TO: Registration Section Division of Corporations	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Iame 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:
CYNTHIA CR	AFTS
COMPUTER GY	PSIES LLC
75 N. WOODWARI	DAVE, # 80644
TALL AHASSEE, F	
SUPPORT O COM ( E-mail address: (to be used for future a	DUTER GYPS/ES & COM
For further information concerning this matt	
CYNTHIA CRAFTS  Name of Person	at (863) 623-5027 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	ll ng amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

7 707 11111	a and allogite in
1. Name of the limited liability company:	COMPUTER GYPSIES LLC
2. (a) 75 N. WOODWAR	DAVE, (b) 75 N. WOODWARD AUE.
Principal office address of limited li (Note: MUST BE STREET)	
# 2N-1416	# 80644
<u>+1 00099</u>	,
IALLAHASSEE	FL. 32313 TALLAHASSEE, FC 3231
01/09/2012	L12000003756
3. Date of filing/registration in	Florida 4. Document number
5. (a) CYNTHIA CRAY	FTS S.
	on the records of the Florida Dept. of State:
7310 US HIGHWAY	301N#171
Registered Office Address (MUST BE F	<u>LORIDA STREET ADDRESS)</u>
ELLENTO	<u>り , fl 34222                                 </u>
(b) REGISTERD A	CTUTS TAV
(b) Enter name of NEW Registered Agent and	NEW Registered Office address:
	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
<u>3030 N. KOC</u>	KY POINT DR.
NEW Registered Office Address:	
51E 1501	2
TAMPA	.FL 33607
IC the limited liability company is not owner.	zed under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida	street address of the registered office and the business office of the registered
was/were authorized by an affirmative vote	lorida limited liability company, it is hereby confirmed that the change(s) of the ingmbers of the limited liability company or as otherwise provided in
the articles of organization or the operating	11 / <del>7 7</del>
Signatury of a member or authorized representative	of member Printed or typed name of signee
I hereby accept the appointment as register	ed agent and agree to act in this capacity. I further agree to comply with the
provisions of an samues retainve to the prop the obligations of my position as registered in to merely reflect o change in the registered i	er and complete performance of my duties, and I am familiar with and accept agent as provided for in Chapter 605, F.S. Or, if this document is being filed office address, I hereby confirm that the limited liability company has been
notified in writing of this change.	When the second control was the minute deputy of the over
Signature of Registered Agent	<u>  </u> 
	II