

L12600095984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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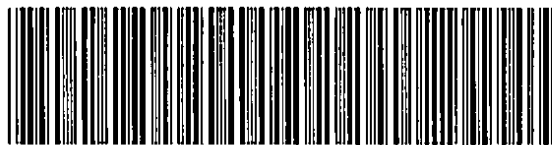
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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U.S.
07-21-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GKMR Venture 2 LLC

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:

Inita Bedi

Name of Person

GKMR Venture 2 LLC

Firm/Company

PO Box 25487

Address

Sarasota, FL 34277

City/State and Zip Code

ibedi@subserohealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inita Bedi

Name of Person

at (941) 284-5448

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 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 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. Name of the limited liability company: GKMR Venture 2 LLC
2. (a) 2055 Wood Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 100
Sarasota, FL 34237
- (b) PO Box 25487
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Sarasota, FL 34277
3. 07/25/2012 Date of filing/registration in Florida
4. L12000095986 Document number
5. (a) GKMR Ventures 1 LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5500 Bee Ridge Road
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
Suite 202
Sarasota, FL 34233
- (b) Inita Bedi
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2055 Wood Street
NEW Registered Office Address:
Suite 100
Sarasota, FL 34237

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If the limited liability company is not organized 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 agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Inita Bedi
Signature of a member or authorized representative of a member

Inita Bedi
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Inita Bedi
Signature of Registered Agent