L12000119664

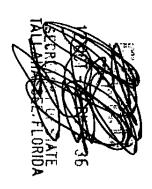
(Re	equestor's Name)	
(Ac	ldress)	······································
(Ac	idress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		DX
	Office Use Onl	, TC'



800240012598

. 09/27/12--01015--020 **25.00

12 SEP 27 PH 3: 36
SECRE LARY OF STATE
TALLAHASSEE, FLORID.



B. KOHR

OCT 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJECT: NEW Registered Agent			
	Name of L	imited Liability Company	
Dear !	Sir or Madam:		
The e	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning t	his matter to the following:	
	•		
	John A. Gilmore		
1,	Name of Person	ユルカー (1984)	
		Pro S	
	Gilmore Woodart LLC		
-,-,-	Firm/Company		
•			
•	04700 a sint in a mand		
	34730 saint joe road Address		
	Audiesa	RIO	
•	Dade City Fl.,33525		
	City/State and Zip Code		
	;		
	iohngilmo@gmail.com		
E	johngilmo@gmail.com -mail address: (to be used for future annual report no	nification)	
For fu	urther information concerning this matte	er, please call:	
	John Gilmore	at (352) 4374630	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Division of Corporations		
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

÷Ý.

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

•		
Name of the limited liability company:	Gilmore Woodart	
2. (a) Principal office address of limited liability compar	ny: 34730 saint joe road,	
(Note: MUST BE STREET ADDRESS)		
	Dade City . Fl., 33525	
(b) Mailing address of limited liability company:	34730 saint joe road	
(Note: MAY BE POST OFFICE BOX)	Dade city, Fl. ,33525	
09/19/2012	لا من المنظمة L12000119664 بن المنظمة ا	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent: UNITED STATES CORPORAT:	TON. Castroom	
AGENTS, INC. Registered Office Address:	101 N. Brand Blvd., 11th Floor	
13302 WINDING OAK COURT TAMPA, FL 33612	Glendale, CA 91203	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	John A. Gilmore	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	34730 saint joe road	
MOST BE FLORIDA STREET ADDRESS	Dade City ,FL33525	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
John A. Gilmore		
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I horeby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change.	
Signature of Registered Agent		

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