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(Ad	ldress)	
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SECRETARY OF STATE

SAULSBERRY EXAMINER NOV 16 2012

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: ARMY GIDEON	LLC	
	ed 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 n	natter to the following:	
· ····································		
LORY BAKER Name of Person		
Name of Person		
ARMY GIDEON LLC		
Firm/Company		
20-1 · · · · · · · · · · · · ·		
3871 NW 110 TH AVE	& AIT	
Address	77 M	
CORAL SPRINGS. FL 3	33065 P SS 5	
CORAL SPRINGS, FL 3 City/State and Zip Code		
E-mail address: (to be used for future annual report notificat	# PATE 22	
·		
For further information concerning this matter, ple	ease call:	
CORU BAKER at (964 1850 - 0190	
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		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following an	nount:	
\$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 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. 1. Name of the limited liability company: ARMY GIDEON LLC 2. (a) Principal office address of limited liability company: 3871 (Note: MUST BE STREET ADDRESS) ORAL (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 28AC 3065 L12000122172 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: SPRINGS (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: BAKER **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. member or authorized representative of a member BAKER 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent