113000019511

(Requestor's	Name)				
(Address)	<u> </u>				
(Addiess)					
(Address)					
(City/State/Z	n/Phone #\				
(Onyrotater2	princine #/				
PICK-UP N	 /AIT MAIL				
☐ PICK-OP ☐ W	MAIL MAIL				
(Business Er	tity Name)				
(545/1055 2					
(Document Number)					
Certified Copies Ce	i rtificates of Status				
Special Instructions to Filing Off	icer:				
	,				
OII.	l las Only				
Unice	Use Only				



300306400203

12/13/17--01020--003 | **25.00

ZILIDEC 13 PH 6: 00
SECRETARY OF STATE

K SALY DEC 14 2017

COVER LETTER

FO: Registration Section Division of Corporation	1s 				
Gulf Breeze Au	tomotive, LLC				
SUBJECT:	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 correspondenc	e concerning this matter to the following:				
Mason K. Bragg	1 F				
Name	of Person				
Gulf Breeze Automotive, I	LC				
Firm/0	Company				
4373 Gulf Breeze Pkwy					
Add	ress				
Gulf Breeze, FL 32563					
City/State	and Zip Code				
gulfbreezeautomotive@g	mail.com				
E-mail address: (to be us	ed for future annual report notification)				
For further information concer	 ning this matter, please call: 				
Mason K. Bragg	850 382-4860				
Name of Perso					
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente	Registration Section Division of Corporations P.O. Box 6327				
Tallahassee, Florida 3 Enclosed is a check f	2301 or the following amount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
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.

l. Na	 me of the limited liabilit	Gulf Breeze Au	utomotive, LLC		
	Mason K. Bragg		(b) Mason K. Bragg		
2. (a)	·	ess of limited liability company: BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4373 Gulf Breeze	kwy	4373 Gu	ulf Breeze Pkwy	
	Gulf Breeze, Fl 325	663	Gulf Bre	eeze, FI 32563	
	02/07/2013	' 	L130000	19511	
3. 5. (a)	Date of filing/r RESIGNED	egistration in Florida	4.	Document number	
<i>J.</i> (a)	Registered Agent and Regist	ered Office shown on the records of th	ne Florida Dept. of Stat	ee:	
	Registered Office Address	MUST BE FLORIDA STREET A	DDRESS)	-	
				2010 T	
(b)	Mason K. Bragg			AETAR	
•	Enter name of NEW Registe	ered Agent and/or NEW Registered (Office address:	FILED PH 6: 00 2011 DEC 13 PH 6: 00 SEURETAR LOF STATE SEURETAR LOF STATE SEURETAR LOF STATE	
	NEW Registered Office Ad	dress:			
	4373 Gulf Breeze F	kwy		_	
	Gulf Breeze	, FL	32563		
the cha agent was/w	ange or changes are mad will be identical. Or, in the ere authorized by an affi	e the Florida street address of the case of a Florida limited lia	the registered offic ibility company, it f the limited liabili	lorida, it is hereby confirmed that after be and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
1	L. K. B. Ja		Mason K. Br		
Signa	nture of a member or authorize	d representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointme ions of all statutes relati ligations of my position i ely reflect a change in th d in writing of this chang	ve to the proper and complete as registered agent as provided he registered office address, I k	ee to act in this cap performance of my I for in Chapter 60 tereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ire of Registered Agent				