113000019511

| (| Requestor's Name) | - | | | |
|---|-------------------------|--------|--|--|--|
| (| Address) | | | | |
| (| Address) | | | | |
| | City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of S | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200317000712

08/15/18--01022--008 **25.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---------|--|--|------------------------------|--|--|--|
| SUBJE | Gulf Breeze Automotive, LL | | | | | |
| | Nan | Name of Limited Liability Company | | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Off | ce Change and fee(s) are s | submitted for filing. | | | |
| Please | return all correspondence concerning th | s matter to the following: | | | | |
| Shari | Thieman Greene, Esquire | #7 1 v | | | | |
| • | Name of Person | | | | | |
| Thien | nan Greene & Associates | | | | | |
| | Firm/Company | | | | | |
| 7552 | Navarre Parkway, Suite 12 | | | | | |
| | Address | | | | | |
| Navai | rre, Florida 32566 | | | | | |
| | City/State and Zip Code | | | | | |
| eserv | ice@stglaw.net | | | | | |
| E | -mail address: (to be used for future ann | ual report notification) | | | | |
| For fur | ther information concerning this matter, | please call: | | | | |
| Shari | Thieman Greene (or staff) | 850 939-0 | 499 | | | |
| - | Name of Person | | e & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection prporations | | | |
| | Enclosed is a check for the following | amount: | | | | |
| | ☑ \$25 Filing Fee | \$55 Filing Fe | e & 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.

| 1. | Name of the limited liability company: Gulf Breeze A | utomotiv | ve, LLC | | |
|-----------------------------------|---|--|---|--|--|
| 2. (a | 4373 Gulf Breeze Parkway | (b) | (b) 4373 Gulf Breeze Parkway | | |
| (- | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0). | Mailing address of limited liabil (Note: MAY BE POST OFF | | |
| | Gulf Breeze, Florida 32563 | | Gulf Breeze, Florida 32563 | | |
| | 02/07/2013 | _ <u>L</u> | 13000019511 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (| Mason K. Bragg | | | | |
| | Registered Agent and Registered Office shown on the records of t 4373 Gulf Breeze Parkway | the Florida D | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | |
| | Gulf Breeze , FL | 32563 | SECRETALISMS | _ | |
| (b | Shari Thieman Greene, Esquire | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | 'ess: | ⊋ [] | |
| | Thieman Greene & Associates | | ESTATE LORGIC | PM 12: 1 | |
| | NEW Registered Office Address: | 33* | 2 | | |
| | 7552 Navarre Parkway, Suite 12 | | | | |
| | Navarre, FL | 32566 | | | |
| the c agent was/ | limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the | the registe bility com f the limite | ered office and the business office on apany, it is hereby confirmed that the ed liability company or as otherwise | of the registered ne change(s) | |
| | Mark Rd | Masc | on K. Bragg | | |
| Sig | nature of a member of authorized representative of a member | | Printed or typed name of signo | ce | |
| provi there to me notice | reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I head in whitney of this change. | ee to act ir performan I for in Ch iereby con | n this capacity. I further agree to co see of my duties, and I am familiar v sapter 605, F.S. Or, if this documen sfirm that the limited liability compo | omply with the with and accept it is being filed iny has been | |
| Signa | ture of Registered Agent | | | | |