1300003319

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

Office Use Only



200430461902

65,28,74,--01022--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
GKW, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
George W. Gift, III	
Name of Person	
Knott Ebelini Hart	
Firm/Company	
1625 Hendry Street, Third Floor	
Address	
Fort Myers, FL 33901	
City/State and Zip Code	
aweir@calusa-construction.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
George W. Gift, III	239 334-2722
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	ant:
□ \$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.

1.	Na	ame of the limited liability company: GKW, LLC				
2. (a)			(b)		
~. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		16010 Old 41 Road N., Unit 101				
		Naples, FL 34110	-			
		02/13/2013		L130000	i m =	
3.		Date of filing/registration in Florida	4.		Document number.	
5. ((a)	George H. Knott				
	()	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of	State:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)	—	
		1625 Hendry Street, Third Floor			100 6 0	
		Fort Myers, FL_	33901		_	
						
C	b)	George W. Gift, III				
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Office Address:				
		1625 Hendry Street, Third Floor				
						
		Fort Myers, FL	33901			
		,				
If the	e li: ae	mited liability company is not organized under the laws exchanges are made, the Florida street address of the n	s of the	e State of	Florida, it is hereby confirmed that after the	
agen	ťψ	ill be identical. Or, in the case of a Florida limited liab	oility c	ompany, i	it is hereby confirmed that the change(s)	
was/ the a	we nic	re authorized by an affirmative vote of the members of less of organization or the pperating agreement of the li	the lin	nited liabi liability c	ility company or as otherwise provided in omnown	
		Unalla I I -		•	uction, Inc. by Aiden Weir	
Sig	atı	ure of a tremper of authorized representative of a member	_		Printed or typed name of signce	
I he.	reb isid	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	e to ac erforn	t in this co	apacity. I further agree to comply with the	
ine o	nnı	gations of my position as registered agent as provided , ly reflect a change in the registered office address, I he	tor in	Chapter 6	$05.\ FS$ Or, if this document is being filed -	
notif	ied	in writing of this change.		9		
Sign:		e of Registered Agent				
o (gui	******	CAN INDEPENDENT ARECIN				