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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 0 9 2015

8 MASON

COVER LETTER

TO:	Registration Section Division of Corporations		8		
SUBJ	CK Gulf to Bay, LLC				
		of Limited L	iability Company		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filin	ıg.	
Please	e return all correspondence concerning this	matter to the	following:		
Timo	othy J. Horne				
	Name of Person		_		
Law	Offices of Timothy J. Horne, Inc.				
	Firm/Company		<u> </u>		
4303	3 Talmadge Road, Suite 102				
	Address				
Tole	do, OH 43623				
	City/State and Zip Code		<u> </u>		
tim@	timhornelaw.com				
	E-mail address: (to be used for future annua	l report notif	ication)		
For fu	orther information concerning this matter, pl	ease call:			
Timo	thy J. Horne	419. at (474-8377		
	Name of Person	. at \	Area Code & Daytime Tel	ephone Number	SIAIO
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	JUN ECRE ELAH	OXE CRE
	Registration Section	Re	gistration Section	&¥ 1	유로
	Division of Corporations	Di	vision of Corporations	SE SE SE	225
	Clifton Building		O. Box 6327		<u> </u>
	2661 Executive Center Circle	Та	llahassee, Florida 32314	- 50 -	ခိုင
	Tallahassee, Florida 32301			4: 03 STATE LORIDA	AT
	Enclosed is a check for the following a	mount:		≽''' ω	JON:
	△ \$25 Filing Fee	□ \$:	· 55 Filing Fee & Certified Co	nv	

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.

(b) P. O	Box 820, Holland, OH Mailing address of limited liab (Note: MAY BE POST OF	ility company:
	-	
<u></u>		
L1300	0065460	
	Document number	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State 10428 Spoonbill Road W		
RESS)		
209	-uq	Figure
	SECRET	ECRETA SION OF
ce address:	ARY SSEE	-8 7,48,7 7,84,7
	OF S	RPO RPO
	- ORIDA	OF STATE RPORATIONS
239		
registered o ity company e limited lia	ffice and the business office, it is hereby confirmed that bility company or as otherwi	of the regist the change(s
	Printed or typed name of sig	,nee
	209 of the State of registered of ity company to limited liability Timothy J	209 TALEANY OF STATE ACCEPTANY OF STATE TO HE State of Florida, it is hereby confirm registered office and the business office ity company, it is hereby confirmed that the limited liability company or as otherwisited liability company. Timothy J. Horne Printed or typed name of signature agree to

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

Dwayne E

Signature of Registered Agent Dwayne E

Robinson