L13000018126

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





900276894149

09/14/15--01006--027 **25.00

1015 SEP 14 AN 11: 22

COVER LETTER

mber
 mber
—— mber
 mber
 mber
mber
mber

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:Gary_	Michael Fleia LLC
2. (a) 952 Fostoria Dr. Gary Michael Principal office address of limited liability company:	Fleightab) Gary Michael Fleig, LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
New: 678 Ebony St	New: POBOX 410916
Melbourne, FL 32935	melbourne, FL 32941
5-30-2013	L130000 78126
3. Date of filing/registration in Florida	4. Document number
5. (a) Gary m. Fleig Registered Agent and Registered Office shown on the records of	
	of the Florida Dept. of State:
Old: 952 Fostoria Dr.	
Registered Office Address (MUST BE FLORIDA STREET	
	
Melbourne,,F	FL 32940
(b) GaryM. Fleig	
Enter name of NEW Registered Agent and/or NEW Registered	red Office address:
678 Ebony St.	PIDA
NEW Registered Office Address:	
Melbourne ,F	FL <u>32935</u>
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after sof the registered office and the business office of the registered I liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided in the limited liability company. Gary M. Fleig Printed or typed name of signee
notified in writing of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed , I hereby confirm that the limited liability company has been
Signature of Registered Agent	

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