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T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Subject Subje			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Alex Gilbert Name of Person			
Gilly Stores LLC Firm/Company			
Address Address			
City/State and Zip Code			
Alc. 6 bert 1121 6 mail (com.  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Alex Substitute at (386) 30 - 0830  Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

= 11	_
1. Name of the limited liability company:	Store IIC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: Note to the flow of 1937  3 biggin Fliner or 1907 C
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3 Bryon Ellinor Or APA C Orman Beach FL J2174
S/23/20 3 3. Date of filing/registration in Florida	<u>L13000  958 </u> 4. Document number
5. (a) Registered Agent and Registered Office shown of Registered Agent:	the records of the Florida Dept. of State:
Registered Office Address:	3 boson Ellinor Dr Apt C Ormand Beach, Fl 32174
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ado N. Nous and St. # 337 Ormand Beach, FL 32174
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to it address, I hereby confirm that the limited liability compositions of Registered Agent	Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or ALCREDARY OF THE ARTICLE OF THE ARTICL

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