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## Florida Department of State

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(((H17000320960 3)))



H170003209603ABC

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## LLC REGISTERED AGENT CHANGE GORDON'S DUNN AVE BURGERS LLC

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Electronic Filing Menu

Corporate Filing Menu

M. MIHAGAN DEC 08 2017

## H170003209603

## 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 indersigned 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 con	npany: GORDON'S	DUNN AVI	B BURGERS LLC		
2. (a) 1175 Dunn Ave.		(b)	(b) 1175 Dunn Ave.		
Principal office address of la (Note: MUST BE ST			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
Jacksonville, Florida 32218	-4831		Jacksonville, Florida 32218-4831		
	<del></del>				
12/6/2013		1	.13000169479		
Date of filing/registr:	otion in Florida	→.	Document number		
(n) CORPORATION SERVI	CE COMPANY				
Registered Agent and Registered Off	fice shown on the records a	of the Florida Da	ept. of State:		
1201 HAYS STREET					
Registered Office Address (MUS)	T BE FLORIDA STREET	(ADDRESS)			
TALLAHASSEE	, F	 L 32301	·		
(b) Business Filings Incorporate  Enter name of NEW Registered Age		d Office neelre	<u></u>		
1200 South Pine Island Road	·				
NEW Registered Office Address:			<del></del>		
Plantation	, FI	33324			
e change or changes are made, the Fi ent will be identical. Or, in the case	organized under the la lorida street address of of a Florida limited li vote of the members of	ws of the Sta f the register jability comp of the limited	ite of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.		
The Color		Steve	Gordon, Member		
Signature of territoriber or authorized represen			Printed or typed name of signee		
hereby accept the appointment as re- ovisions of all statutes relative to the cohingations of my position as regist morely reflect a change in the regist tifted in writing of this change.	gistered agent and age proper and complete tered agent as provide ared affice address. I	ree to act in i performance at for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I om familiar with and accept over 605. F.S. Or, if this document is being filed om that the limited liability company has been		
And the Reputered Agent	<del></del>				
Mark W	Villiams, AVP, Busines		<del>-</del>		
Division of (	Corporations • P.O. I FILING FI		ulluhussee, FL 32314		
		EE: \$25.00	· -		

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