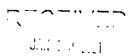
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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S. YOUNG



. COVER LETTER

TO: Registration Section Division of Corporations	•
Gwendolyn Gibson Schwoerer LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Gwendolyn Schwoerer	
Name of Person	
Firm/Company	
630 E Third Avenue	
Address	
New Smyrna Beach FL 32169	
City/State and Zip Code	
wendy@wendyrealtor.com	
E-mail address; (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Gwendolyn Schwoerer 38	314-8509
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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: Gwendolyn Gibsc	n Schw	oerer LLC		_
2. (a)		_	(b)		_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	386 Otter Blvd		386 Ouer		
	New Smyrna Beach FL 32169	_	New Smy	rna Beach FL 32169	
	12/18/2013		L13000174	.585	
3.	Date of filing/registration in Florida	4.		Document number	_
5. (a)		<u></u>			
	Registered Agent and Registered Office shown on the records of Gwendolyn G Schwoerer	the Flor	da Dept. of Sta	.021	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	S.S.J	— (_ () [과	
	386 Otter Blvd				
	New Smyrna Beach , FL	32168			1
				ٷ	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()(Gas	addus.	- 2+	
	trater name of Nr. W Registered Agent and/or Nr.W Registered	Omce.	<u>iguress,</u>		
	Gwendolyn G Schwoerer				
	NEW Registered Office Address:	· <u> </u>		_	
	630 E Third Ave			_	
		33170			
	New Smyrna Beach , FL	32168		_	
change agent was/we the artific Signa I here provisithe oblite mart	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the will be accepted authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. The first of the proper and complete the proper and com	registe ability of the limited	red office at company, it is mited liability con Gwend	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in an appany. Olyn Schwere Printed or typed name of signee	