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1. SHOW OF CORPORATIONS

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DATE:

1/29/15

NAME:

GORILLA CAPITAL FL 601 LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. N	ame of the limited liability company: Gorilla Cap						
2. (a)	1342 High St	()	(b) 1342 High St				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-, <u></u>	Mailing address of limite (Note: MAY BE POS			
	Eugene OR 97401		Eugene	OR 97401			
	2/03/14		L140000	17952			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	NRAI Services, Inc						
(b) _	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of Stat	e:			
	Registered Office Address (AIUST BE FLORIDA STREE	T.ADDRESS	5)	-			
	1200 South Pine Island Rd				r*;	5	
	Plantation	33324	• ***	~	\ \ \	<u></u>	
	, ,	- L		•	77	JAN 29	7
	National Corporate Research, Ltd.				291 291		1
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	~	THE ST	1	
					eri. Eri	: 144	
	NEW Registered Office Address:			-		20	
	155 Office Plaza Drive				•		
				_			
	Tailahassee	L 32301					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginate of the limited	stered offic- ompany, it i nited liabilit liability con	e and the business of s hereby confirmed to y company or as other opany.	ffice of the that the cha	registe inge(s)	red
/	111/3/	Tar	ija Baker,	Manager			
Signa	ture of a member or authorized representative of a member			Printed or typed name of	ofsignee		
provisi the obl to mexi	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to act le perform led for in (I hereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability (e to comply viliar with a cument is b company hi	y with and accepting fire with a second contraction with a second cont	he epi led i
Signatu	re of Registered Agent Marele The agent Agent Agent			i			
-	Mark Thomas, Assistant S	ecretarv					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25,00

INHS18 (2/14)