## 114000021422

(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
(55		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY OCT 1 8 2016

## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	Gator Built Investments, LLC				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and i	See(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the f	following:		
Matthew L	Carlton				
	Name of Person		_		
Gator Buil	It Investments, LLC				
WT 1811 - W WT	Firm/Company		_		
4615 U.S.	. Highway 17, Suite 1				
	Address		_		
Fleming Is	sland, FL 32003				
	City/State and Zip Code		_		
matthew@	gcarltonconstruction.net				
E-mail	address: (to be used for future ann	ual report notifi	cation)		
For further i	information concerning this matter	, please call:			
Jonathan	L. Hay	904	355-0355		
	Name of Person	u. (	Area Code & Daytime Telephone Numbe		
Reg Divi Clif 266	REET/COURIER ADDRESS: distration Section distinction of Corporations don Building 1 Executive Center Circle dahassee, Florida 32301	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314		
Enc	closed is a check for the following	g amount:			
<b>□</b> \$	325 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

## 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.

۱.	Na	me of the limited liability company: Gator Built In	vestme	ents, LLC		
2	(a)	Principal Address	C	<sub>b)</sub> Mailing	g Address	
<b>د.</b>	(μ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		4615 U.S. Highway 17, Suite 1		4615 U.	J.S. Highway 17, Suite 1	
		Fleming Island, FL 32003	_	Fleming	g Island, FL 32003	_
		02/07/2014		L140000	021422	
3.		Date of filing/registration in Florida	4.		Document number	_
5.	(a)	Registered Agent				
٠.	()	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Stat	ate:	
		Matthew L. Carlton				
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>(2)</u>	76. 20	
		4615 Highway 17, Suite 1			_ SE SE TO	
		Fleming Island ,FL	32003	3	FILT 2016 OCT 17 TAILLAHASSI	
	(b)	New Registered Agent			PM : 27	1
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		
		Jonathan L. Hay			27	
		NEW Registered Office Address:		**		
		1548 Lancaster Terrace			_	
		Jacksonville , FL	32204	1	_	
the ag with the I protection	e cha ent vas/we e arti Signa here ovisi e obli mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I do not not not not not not not not not no	the regability of the linited  Ma	istered office company, it is mited liability correction this carrier than the car	ce and the business office of the registers is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  Carlton, Manager  Printed or typed name of signee	
2	gnate	re of Registered Agent				