## 114000080432

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## **COVER LETTER**

O: Registration Section Division of Corporations					
SUBJECT: G: B Painting and Renovations LLC  Name of Limited Liability Company					
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:					
Cireg Yokel Name of Person					
G:B Painting and Renovations UC Firm/Company					
179 Rivercrest Circle Address					
Santa Posa Beach, FL 32459 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Civeg Yokel at (950) 419-4353  Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\text{Certified Copy}\$					
INHS18 (2/14)					

## 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.

l Na	ne of the limited liability company: <u>G:B</u>	Paintir	na and Reno	vations LLC
			•	
2. (a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)		of limited liability company:  BE POST OFFICE BOX)
	179 Rivercrest Circle		179 Riverche	st Circle
	Santa Rosa Beach Fz 3249	<u>59</u>	Santa Rosa	Beach Fi 32459
	5/19/14		L140000	80432
3.	Date of filing/registration in Florida	4.	Document n	umber
5. (a)	William Harrison			
	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<del> </del>	
		ADDRESS		
	179 Rivercest Circle			Zs 🚤
	Santa Rosa Beach, F	L <u>324</u>	<u>51</u>	7.68 C.A.
(b)	Grea Yokel			HAS
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	SEX -
	NEW Registered Office Address:			7: 05
	179 Rivercrost Circle			10.5 <b>7</b> .7 <b>8</b> .0
	THE CITCHES GIVE			
	Santa Rosa Beach , F	L <u>32</u>	459	
If the li	mited liability company is not organized under the lange or changes are made, the Florida street address or	aws of the S	State of Florida, it is her ered office and the busi	reby confirmed that after iness office of the registered
agent w	ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members	liability con	npany, it is hereby conf	firmed that the change(s)
the artic	les of organization or the operating agreement of the	e limited lia	ability company.	as otherwise provided in
يل ا	Dea John		Grea Yoke Printed or type	1
	are of a member of authorized representative of a member	amaa ta aat i		
neren provisio the obli to mere notified	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provid by reflect a change in the registered office address, it is writing of this change?	ree to act t e performat ed for in Cl I hereby cot	n this capacity. I furth nce of my duties, and I d hapter 605. F.S. Or, if h nfirm that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Signatur	of Registered Agent			

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