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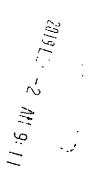
(Requestor's Name)	-							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status	_							
Special Instructions to Filing Officer:								

Office Use Only



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R. WHITE

JAN 1 5 2020

COVER LETTER

TO:		tration Section ion of Corporations		
SUBJI	ECT:	Gator Solutions		
		Nam	e of Limited	Liability Company
Dear S	Sir or M	adam:		
The en	closed	Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please	return	all correspondence concerning thi	s matter to th	ne following:
Fred L	espera.	nce		
		Name of Person	· · ·	
Gator	Solutio	ns		
		Firm/Company		
4577 i	NW 6th	Street Ste E		
		Address		
Gaine	sville ,F	L 32609		
	 -	City/State and Zip Code		
Partne	ers@ga	torsolutions.com		
<u>-</u>	E-mail a	iddress: (to be used for future ann	ual report no	tification)
For fu	rther in	formation concerning this matter,	please call:	
Fred L	.espera	nce	386 at (266-3105
		Name of Person	4. (Area Code & Daytime Telephone Number
	Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclo	osed is a check for the following	amount:	
	■ \$2	5 Filing Fee		\$55 Filing Fee & 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.

1. N	ame of the limited liability company: Gator Solutions							
2. (a)	4577 Nw 6th Street STF F							
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Gainesville ,FL 32609	_ (*/	М	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		·-						
	11/26/2019	ι	.140001007	769				
3.	Date of filing/registration in Florida Rustam Burangulov	4.	[Document number				
5. (a)	Registered Agent and Registered Office shown on the records of the 4577 NW 6th Street STE E Gainesville, FL 32609	2019 T						
	Registered Office Address (MUST BE FLORIDA STREET AL							
	, FL_				2			
(b)	Fred Lesperance				الا <u>ء</u> يو			
(0)	Enter name of NEW Registered Agent and/or NEW Registered (office add	ress:					
	4577 NW 6th Street STE E Gainesville FL 32609							
	NEW Registered Office Address:							
	, FL							
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	egistered oility cor the limi	I office and npany, it is ted liability	the business office of hereby confirmed the company or as other	of the registered at the change(s)			
/	a-h-	Fred	Lesperance					
Sign	ature of a member or authorized representative of a member			Printed or typed name of	signee			
provis the ob to mei	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he al in writing of this change.	ertorma)	ace of my di	uties and Lam tamili	ar wun ana accent			
Xionat	ure of Registered Agent							
/								

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