

L14000101995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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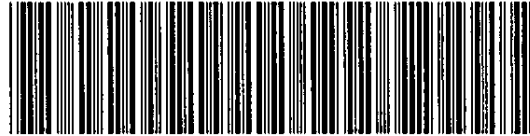
(Business Entity Name)

(Document Number)

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FILED
15 AUG 19 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2015
T. HAMPTON

8-17-15

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. Name of the limited liability company: WILLIAM R. GOBLE, P.E., P.L.L.C.

2. (a) 112 MARTINIQUE CIRCLE (b) 112 MARTINIQUE CIRCLE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

PONTE VERDA BEACH, FL 32082

PONTE VERDA BEACH, FL 32082

3. 6-25-14
Date of filing/registration in Florida

4. L14000101995
Document number

5. (a) WILLIAM R. GOBLE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

112 MARTINIQUE CIRCLE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PONTE VERDA BEACH, FL 32082

(b) JOHN M. DAUS, CPA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

675 SEDGEWOOD CIRCLE
NEW Registered Office Address:

WEST MELBOURNE, FL 32904-8044

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William R. Goble
Signature of a member or authorized representative of a member

WILLIAM R. GOBLE
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

John M. Daus, CPA
Signature of Registered Agent