L150000 15920

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	<u> </u>	

Office Use Only



000274733390

07/13/15--01004--002 **25.00

15 JUL 13 PH 4: 33

J. HARRIS

COVER LETTER

SUBJECT: GARRISON Bight INVESTORS LLC Name of Limited Liability Company		
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:		
Robin Lockwood Name of Person		
GARRISON Bight Investors LLC Firm/Company		
18 ALLAMANDA TER		
Key West, FL 33040-6203 City/State and Zip Code		
Robin @ Lockwood. NeT E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robin Lockwood at (305) 304-7777 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Registration Section

Clifton Building

¥ \$25 Filing Fee

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Registration Section

Division of Corporations

TO:

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.

Florida.
1. Name of the limited liability company: GARRISON BIGHT INVESTORS LLC
2. (a) 1/11/ 12th st suite 212 (b) 1/11/ 12th st suite 7/2
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Key West, FL 33040 Key West, FL 33040
1-27-2015
3. Date of filing/registration in Florida 4. Document number
5. (a) LOCKWOOD ROBIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1111 12th 58 50184212 change ALL
1/1/ 12th 58 5018 212 Change ALL Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Address Address
(b) LOCKWOOD, Robin + Manager
Enter name of NEW Registered Agent and/or NEW Registered Office address:
18 ALLAMANDA TER
NEW Registered Office Address:
<u>Key West</u> , FL 33040-6203 = 33
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.
_ Kohn Lockwood Robin Lockwood
Signature of a member or authorized representative of a member Robin Lockwood Printed or typed name of signee
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.

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

Signature of Registered Agent