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2018 JAN - U P 2 V2

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gunwerzles Name of	LLC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and (ee(s) are submitted for filing.	
Please return all correspondence concerning this ma	•	
James B Connolly Name of Person		
Name of Person		
Gunwordes LLC Firm/Company		~ 3
Firm/Company		0.18
122 Hall Ro.	AHASS	2018 JAN - 4 P 2: 42
Address		<u> </u>
Melrose, FL 326 City/State and Zip Code	666	2:1
City/State and Zip Code	70 m	:5
Jim, gunwozlestle @ gmnit. Cor	y	
E-mail address: (to be used for future annual re		
For further information concerning this matter, pleas	se call:	
	(352, 256-1070	
Name of Person	Area Code & Daytime Telephone Nur	nber
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 amo	dint;	
\$25 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. Na	me of the limited liability company: Gnworks LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Melnosic, FC 32666 (b) 122 I + a 11 R.J. Melnosic, FC 32666 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/10/2015 15000024833
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 13302 Winding Oak Ct. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) I ampa, #/.
(b)	Tames & Cannoll/ Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Melause FL 32666
the cha agent v was/we the ark Signal I herei provisi the obl	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. The provided in the organization of the operating agreement of the limited liability company. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
notified	To reflect a change in the registered office address. I hereby confirm that the limited liability company has been for this change. The of Registered Agent

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