

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4016
Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**LLC REGISTERED AGENT CHANGE
GABRIWORKS HOSPITALITY, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GABRIWORKS HOSPITALITY, 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:

KEITH C. DURKIN, ESQ.

Name of Person

BAKER & HOSTETLER LLP

Firm/Company

200 S. ORANGE AVENUE, STE 2300

Address

ORLANDO, FL 32801

City/State and Zip Code

DAVID@GABRIWORKS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH C. DURKIN

407

649-4005

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: GABRIWORKS HOSPITALITY, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

03/30/2015

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3. Date of filing/registration in Florida 4. Document number

DAVIS GROUP, P.A.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
DAVIS GROUP, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 N. ORANGE AVENUE, STE 1500

ORLANDO, FL 32801

(b) KEITH C. DURKIN, ESQ.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

BAKER & HOSTETLER LLP

NEW Registered Office Address:

200 S. ORANGE AVENUE, STE 2300

ORLANDO, FL 32801

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.

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Signature of a member or authorized representative of a member

DAVID GABRI

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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