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

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUDJECT:					
Name of Lir	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Stacy Palmisano					
Name of Person					
DoMyLLC.com, LLC					
Firm/Company					
5716 Corsa Ave. · Suite 110					
Address					
Market New OA 04000 7054					
Westlake Village, CA 91362-7354 City/State and Zip Code					
City/state and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please of	pall:				
Stacy Palmisano					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

. . .

Date: 5/25/2017 4:02:21 PM

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.

t.	Na	me of the limited liability company: Gemstox, LLC			
2.	(a)	Principal office address of limited liability company.		(p)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		2750 NE 183 ST. #1401			
		Aventura, FL 33160	_		
		06/03/2015		L150000	97142
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	the Flo	rida Dept. of Sta	ــــ rto: ــــــــــــــــــــــــــــــــــــ
		13302 Winding Oak Court · Suite A			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			_		
		Tampa		33612	
		, PC			
	(b)	InCorp Services, Inc.			
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	· ·
		17888 67th Court North			_
		NEW Registered Office Address:			
		Loxahatchee, FL 33470			_
		Louistatabaa		22470	
		Loxahatchee		33470	_
the age wa	e cha eni. v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of these of organization or the operating agreement of the	the reability of the i	egistered offic company, it limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
<u>.</u>		maden	9	Buy E. Mars	
		ture of amember or authorized representative of a member			Printed or typed name of signee
pre the to i	rere ovisi obl mere tiftee	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. In a large the change.	perjo d for i hereby	mance of my n Chapter 60 v confirm tha	pacity. I further agree to comply with the statics, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been
Sig	gnalu	on behalf of Incorp Service	es, inc		

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