## LIS000 142416

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

Office Use Only



900287088829

07/05/16--01032--025 \*\*25.00

SEURLIANT OF STATE

JUN 0 6 2018

J. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: GILBCO ENTER PRISES, 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:					
STVART COMEN  Name of Person					
GILBCO KNTER PRISES LLC Firm/Company					
SOUTH FIELD MI 48034  SOUTH FIELD MI 48034	***************************************				
City/State and Zin Code					
GILBO ENTER PRISES @ GMAIL. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
STU COHEN at (248) 885 2693					
Name of Person Area Code & Daytime Telephone Number					
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 amount:					

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. N	lame of the limited liability company:GILBCOENTERFI	USIS LLC,
2. (a)		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	29435 BRIARBANK CT	29435 BEIARBANK CT
	SOUTHFIELD, MI 48034	Scuthelelb, MI 48034
	8/20/2015	L15000142816
3.	Date of filing/registration in Florida 4.	Document number
5. (a	No itep States Corporation agents, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of States and States	
	TAMPA ,FL 336/	<u>-</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	2016 JUL
	NEW Registered Office Address:	
	SPRING HILL FL 34608	- 25 4 5 6 - 6
the chagent was/v	limited liability company is not organized under the laws of the State of Fl ange or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liability contains of organization or the operating agreement of the limited liability contains.	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sion	ature of a member or authorized representative of a member	Printed or typed name of signee
I hero provis the ob to mei notifie	eby accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address, I hereby confirm that and in writing of this change.	again. I further agree to comply with the

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