## L15000145346

(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phone #	<del>/</del> )				
PICK-UP	☐ WAIT	MAIL				
(Bı	usiness Entity Name	<del>)</del>				
(Document Number)						
Certified Copies	_ Certificates o	of Status				
Special Instructions to	Filing Officer:					
		19119				

Office Use Only



800317420518

08/27/18--01013--023 \*\*25.00

ZOHOCT 19 AMII: 36 SECRETANY OF STATE

3. PRATHER



September 7, 2018

ANTHONY DRU DIMATTIA RE-GAZ, LLC 1242 SW PINE ISLAND ROAD., STE 42-304 CAPE CORAL, FL 33991

SUBJECT: RE-GAZ, LLC Ref. Number: L15000145346

We have received your document for RE-GAZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 518A00018595

Stacy Prather Regulatory Specialist III

2018 OCT 13 PORTS

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RE-GAZ, LLC		
Name of Lis	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Anthony Dru DiMattia		
Name of Person		
RE-GAZ, LLC		
Firm/Company	<del></del>	
1242 SW Pine Island Road ste 42-304		
Address	<del></del>	
Cape Coral, FL 33991		
City/State and Zip Code		
drudimattia@gmail.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Anthony Dru DiMattia 2	239 243-3409	
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 amoun	t:	
☑ \$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. N	ame of the limited liability company:	RE-GAZ, LLC	>					
2. (a)	2703 SW 28t PL Cape Coral,	FL 33914	(b)	1242 SV	V Pine Island f	Road S	te 42	-304
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	lailing address of lin (Note: MAYBEP		•	
			Cape Coral , FL 33991					
							-	· ·
			<del></del> -					
3.	Date of filing/registration i	n Florida	- 4.	1	Document numb	ег		
5. (a)								
, ,	Registered Agent and Registered Office sho	wn on the records of t	the Florida I	ept. of State:				
	Registered Office Address (MUST BE )	FLORIDA STREET A	4DDRESS)					
		, FL		<del></del>		SEUR	2018 OCT 19	e=7°3
(b)	Anthony Dru DiMattia					LAH	<u> </u>	252 252 11
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ess:		ASS		; 771
						SSEE, F	AM 11: 36	O
	NEW Registered Office Address:					7 A	36	
	1242 SW Pine Island Road ste 42-304							
	Cape Coral	.FL	33991					
agent was/wi	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a greauthorized by an affirmative vote icles of organization or the operating	street address of Florida limited lia of the members o	the registe ability com If the limite limited lia	red office : pany, it is ed liability	and the business hereby confirme company or as o pany.	office o	f the r e chan	egistered
Stena	lure of a member or authorized representative	of a member			Printed or typed nam	ne of signe	÷¢	
I here provisi the obl to mere notified	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a dhange in the registered fin skriting of this change.	eed agent and agro per and complete agent as provided office address, I h	ee to act in performan I for in Ch iereby conj	this capac ce of my di apter 605, firm that th	citv. I further ag uties, and I am fa F.S. Or, if this a ne limited liabilit	ree to co umiliar v locumen v compa	omply with ar t is be ony has	with the ad accept ing filed s been