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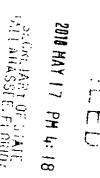
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Gapti Services, LLC	
	Nam	e of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
Rodn	ey Florez	
	Name of Person	
Gapti	Services, LLC	
	Firm/Company	
1855	Wells Road, Suite 7A	
	Address	
Oran	ge Park, FL 32073	
	City/State and Zip Code	
rodne	ey@gaptiservices.com	
1	E-mail address: (to be used for future ann	ual report notification)
For fu	rther information concerning this matter.	please call:
Rodn	ey Florez	904 600-4270
	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:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHSI	8 (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: Gapti Services	s. LLC					
2. (a)	Gapti Services, LLC	(h	Gapti S	ervices. LLC			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited h (Note: MAY BE POST C		-	
	1855 Wells Road, Suite 7A		1855 We	ells Road, Suite 7A			
	Orange Park, FL 32073	_	Orange	Park, FL 32073			
	09/01/2015		L1500014	49873			-
3.	Date of filing/registration in Florida	4.		Document number		_	
5. (a)	Christina Rios Roman						
J. (ii)	Registered Agent and Registered Office shown on the records of the Christina Rios Roman			- e: -			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2	- 1>;		20	
	500 Hayton Avenue		··-·	- <u> </u>	-	2018 MAY 17	
	Orange Park .FL	32073				$\stackrel{\wedge}{\rightarrow}$	
(b)	Rodney Florez			\(\frac{\partial \text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi}\text{\texi}\text{\text{\text{\text{\tet{\text{\text{\text{\text{\text{\texi}\text{\texi}\text{\te	10 Adv	17 PM	
	Enter name of NEW Registered Agent and/or NEW Registered 0	Office ad	dress:		ر در —	÷. ⊒x	
	Rodney Florez				<u>*</u>	: 8	
	NEW Registered Office Address:			_			
	1489 Winston Lane			_			
	Fleming Island	32003		_			
the cha agent was/w the ar Signa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law are of member or authorized representative of a member by accept the appointment as registered agent and agree	the regis hility ec f the lim limited I Roc	stered office impany, it is ited liability iability con iney Flore in this cap	e and the business offices hereby confirmed that y company or as otherwingany. Dec. AMBR Printed or typed name of stacity. I further agree to the large to the	ee of it the wise signed	the reservation of the reservati	egistered ge(s) ded in
the ob- to mer notifie	ions of all statules relative to the proper and complete f igations of my position as registered agent as provided dy reflect a change in the registered office address. I h d'in writing of this change.	ochorna l för in (wreby co	ince of my hapter 60; infirm that	vanes, and r am ramul 5. F.S. Or, if this doem the limited liability con	ar w nem npa	ini an Els be ny hae	a accept ing filed Abeen
Signati	re pr Registeral Agent						
	Division of Corporations P.O. B	ox 6327	• Tallahas	ssee, FL 32314			

FILING FEE: \$25.00