15000/50/75

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

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JUL () 9 2018

COVER LETTER

TO: Registration Section Division of Corporations	A
SUBJECT: GUF CAST Reme of Limited	EAL ESTATE MANAGEMER Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
CYNTHIA TANT	
Name of Person GULF COAST REAL EST Firm/Company	ATE MANAGEMENT, CLC
316 W CERVANTES ST	STEA
PENSACOLA 62 3	2501
	, Com
For further information concerning this matter, please call:	
CYNTHIA TANT at (8)	Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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 GWF CAST PEACESTATE MAWASEMY
2. (a, B) W CRYANTES ST. Blow CFVANTES ST. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
PENSACOLA, FL 32501 PENSACOLA, FL 3250
3. Date of filing/registration in Florida 4. Document number
5. (a) CYNTHIA 1 HOTT Registered Agent and Registered Office shown on the records of the Florida Dept. of State: OFFICE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PENSACOLA FL 37501
(b) CYNTHIA TANT Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
PENSACOLA FL 32501
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. Signature of a member or authorized representative of a member Printed or typed name of signee
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 movely reflect he 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