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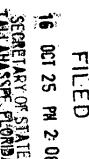
(Requestor's Name)							
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PICK-UP	MAIT WAIT	MAIL					
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Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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10/25/16--01037--025 **50.00



D. SCOTT OCT 2 7 2016

COVER LETTER

TO:	Registration Section Division of Corporations							
SURJE	GWR DISTRIBUTORS LLC	;						
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for fili	ng.			
Please	return all correspondence concerning the	is matter to	the follo	wing:				
JEAN	NIE MURPHY							
	Name of Person							
MARI	NG BOOKKEEPING SERVICE,	INC						
	Firm/Company				e e e e e e e e e e e e e e e e e e e			
5795	ORANGE DRIVE			•				
	Address				F 2:			
DAVI	E, FLORIDA 33314				PER FE			
	City/State and Zip Code				2			
MARI	NGBKKG@AOL.COM							
Ē	E-mail address: (to be used for future an	nual report r	notification	on)				
For fur	ther information concerning this matter	, please call	:					
JEAN	NIE MURPHY	954)	792-5075				
	Name of Person		Ar	ea Code & Daytime Te	elephone Number			
••	STREET/COURIER ADDRESS:		MAILI	NG ADDRESS:				
			gistration Section					
Division of Corporations Div		_	vision of Corporations					
5		P.O. Bo	P.O. Box 6327					
	2661 Executive Center Circle		Tallaha	ssee, Florida 32314				
	Tallahassee, Florida 32301							
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee	F	1 955 #8	ing Fee & Certified Co	nnv			

INHS18 (2/14)

STATÉMENT 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.	Na	me of the limited liability company: GWR DISTRI	BUTO	RS LLC	
2. ((a)		(b)	
	()	Principal office address of limited liability company:	(Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) 521 N W 162ND AVENUE		521 N W	(Note: MAY BE POST OFFICE BOX) 162ND AVENUE
			_	-	
		PEMBROKE PINES, FLORIDA 33028		PEMBRO	OKE PINES, FLORIDA 33028
		10/08/15		L1500017	'1981
3.		Date of filing/registration in Florida	4.	*· · · · · · · · · · · · · · · · · · ·	Document number
5.	(a)	LAURA M FUENTES			
J.	(u)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	a.
		Registered Office Address (MUST BE FLORIDA STREET A	4DDRES	<u>'S)</u>	
		PEMBROKE PINES , FL	33028	3	
		JEANNIE MURPHY			
+	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
					FILED PARTY OF ANY OF A
				· · · · · ·	SEC 5
		NEW Registered Office Address:			근 경 경
		5795 OANGE DRIVE			2: 09 RND
		DAVIE ,FL	33314	ļ	
If tl	he li	imited liability company is not organized under the law	ws of th	e State of Flo	orida it is hereby confirmed that after
the	cha	nge or changes are made, the Florida street address of	the reg	istered office	e and the business office of the registered
was	s/we	vill be identical. Or in the case of a Florida limited liese but borized by an affirmative vote of the members of	of the li	mited liability	y company or as otherwise provided in
the	arti `	cles of organization or the operating agreement of the		•	• •
<u>X</u>		the of a member or authorized representative of a member	LA	URA M FL	Printed or typed name of signee
I h	ere	reaccent the annointment as registered agent and age	ree to a	ct in this cape	acity. I further agree to comply with the
pro the	visi	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I	perfori d for in	nance of my o Chapter 605	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited lightling company has been
not	ifiei //	if y reflect a change in ind registered office dadress, I in writing of this change.	nerevy	conjum inal	те итней наонну сотрану наз осен
Sig	y) natu	re of Registered Agent			

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