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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GOLDELM AT NAUTICA, 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:

VANESSA BERTUCA

Name of Person

GOLDELM

Firm/Company

7000 MAE ANNE AVE OFFICE

Address

RENO NV 89523

City/State and Zip Code

accounting@goldelm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA BERTUCA

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

747-7500

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at (

Enclosed is a check for the following amount:

S25 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.

| 7000 MAE ANNE AVE | (b) | 7000 MAE ANNE AVE |
|--|--|---|
| Principal office address of limited liability (<u>Note: MUST BE STREET ADDR</u> | · company: | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) |
| OFFICE | | |
| RENO NV 89523 | F | RENO NV 89523 |
| 02/19/2016 | L | 16000035025 |
| Date of filing/registration in Flo | rida 4. | Document number |
| MOSES, MICHAEL | | |
| Registered Agent and Registered Office shown on | the records of the Florida D | ept. of State: |
| 12443 SAN JOSE BL | | |
| Registered Office Address (MUST BE FLORI | IDA STREET ADDRESS) | د. |
| SUITE 604 | | |
| JACKSONVILLE | , FL_32223 | د |
| HUBBARD, RODERICK | | |
| Enter name of NEW Registered Agent and/or NE | W Registered Office addr | |
| 5333 SW 75TH ST | | |
| NEW Registered Office Address: | | o |
| OFFICE | | |
| GAINESVILLE | , _{FL} 32608 | |
| inge or changes are made, the Florida stree will be identical. Or, in the case of a Flori | et address of the registe da limited liability con- ic members of the limite ement of the limited lia | tate of Florida, it is hereby confirmed that after ared office and the business office of the register opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. ERICK R HUBBARD |
| twe of a member or authorized representative of a n | | 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 merely reflect a 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

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