21600161952

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

Office Use Only



400314721094

· 即 21. 12 《 12] 《 12] • 6.5]

210 July 21 A 6: 45:

6/22/18 05

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
SUBJECT: EMBEE INDUST	EMBEE INDUSTRIES, LLC						
Solwicor.	Name of Limited Liability Com	pany					
Dear Sir or Madam:							
The enclosed Registered Agent/R	egistered Office Change and fee(s) are su	ubmitted for filing.					
Please return all correspondence of	concerning this matter to the following:						
BRIDGEWATER, ERLE M							
Name of	Person	∵ ~ ⊇					
EMBEE INDUSTRIES, LLC		2011 JUN 2					
. Firm/Cor	npany	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
12770 Flagler Center Blvd							
Addres	S	,					
Jacksonville, FL 32258							
City/State an	d Zip Code						
barry@gemlux.com							
E-mail address: (to be used	for future annual report notification)						
For further information concerning	ig this matter, please call:						
Barry Hall	904 233-84	49					
Name of Person	Area Code	& Daytime Telephone Number					
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Se Division of Cor P.O. Box 6327 Ircle Tallahassee, Flo	ection rporations					
Enclosed is a check for t	the following amount:						
2 \$25 Filing Fee	☐ \$55 Filing Fee	& Certified Copy					

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	lame of the limited liability company: EMBEE IND	USTRIES, I	LLC			
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	12770 Flagler Center Blvd	12	12770 Flagler Center Blvd			
	Jacksonville, FL 32258		Jacksonville, FL 32258			
	08/30/2016	L16	6000161952			
3.	Date of filing/registration in Florida	4.	Document n	umber		
5. (a	Y					
٦. (۵	Registered Agent and Registered Office shown on the records of	of the Florida Dep	nt, of State:			
	BRIDGEWATER, ERLE M			:	211	
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)				2 2 _
	140 INDUSTRIAL LOOP				G E	ae, 8
	ORANGE PARK . F	32073				
	· · · · · · · · · · · · · · · · · · ·			·.	سز	
(b)	·			÷.	ė.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address	<u>:</u>	· ·	لسا	
	BRIDGEWATER, ERLE M					
	. <u>NEW</u> Registered Office Address:	•				
	12770 Flagler Center Blvd					
	Jacksonville F	32258				
the chagent was/w the art Signa I here provise the obto mer,	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member who accept the appointment as registered agent and actions of all statutes relative to the proper and completely reflect a charge in the registered agent as provided in writing of this change.	of the registere liability composed the limited liability Barry Harry Ha	ed office and the bus any, it is hereby confidence of the liability company of the company. Hall Printed or type this capacity. I further of my duties, and I printer 605, F.S. Or, if	iness off firmed the r as other ed name of er agree am famil this docu	ice of the classification of the classification of the complication of the complication of the classification	ne registered hange(s) ovided in ovided in oly with the in and accept heing filed
Signati	ure of Registered Agent					