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COVER LETTER

TO: Registration Section Division of Corporations						
, p. 1						
SUBJECT: GBB Gainesville_LLC						
Name of Lit	nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
Natalie Price						
Name of Person						
GBB Gainesville, LLC						
Firm/Company						
· in Company						
3740 Copperfield Drive Suite 105						
Address						
Bryan, TX 77802						
City/State and Zip Code						
_						
ap@grubburgerbar.com E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please of	call:					
Natalie Priceat (at	070) 776 0794 out 100					
Name of Person	979)776-0781_ext_109 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
□ \$25 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.

1. Na	une of the limited liability company: GBB Gainesy	ville, LLC			
2 (a)	3740 Copperfield Drive Suite 105	(b)			
2. ()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		•	limited liability company: POST OFFICE BON	
	Bryan, TX 77802				
	September 29, 2016		600018200°	<u></u>	
3. 5. (a)	Date of filing/registration in Florida (or POY A Capitol Services, Inc. Delanie Case	4.	Document nun	nber	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:		
	515 East Park Avenue 2nd Floor				
	Registered Office Address	TADDRESS)			
				*· K3	
					
		:լ <u>. 32301</u>		8 8	
(b)	Eddie Jones			2017 007 10	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			
	300 Duval Street, Ste 503			72:	
	NEW Registered Office Address:			· o	
	Tallahassee	32301			
	Talianassee	i. 32301			
the cha agent was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the properties of the second of the content of the properties of the	of the registered liability compan s of the limited li ne limited liabilit	office and the busine iy, it is hereby confirmation in the company or a	ess office of the registered med that the change(s)	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obc to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	gree to act in the te performance of led for in Chapte I hereby confirm	is capacity. I further of my duties, and I an er 605, F.S. Ov. if th a that the limited liah	agree to comply with the n familiar with and accept is document is being filed ility company has been	
Signati	ne of Registered Agent				