## 47000030989

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## **COVER LETTER**

TO: Registration Section Division of Corporations	ž į	
SUBJECT: GS S Name of Lim	OUG/173 Fence, UC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Felix Abreu Arras	5	
GSG Quality For Firm/Company	nce. LLC	
7648 NW 1687 S	ST_	
Miami Lakes, FL City/State and Zip Code	33015	
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Felix Abrev Arias at (	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	
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 10/144	
1. Na	me of the limited liability company: 55 GOUGITY FENCE CUC
2. (a) <sub>-</sub>	7648 M 168 T (b) 7648 M 168 T St  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Migmi Lakes, F2 33015 Migmi Lakes, F2 33015
	21 <del>20</del> 117 <b>L</b> 17000030989
3.	Date of filing/registration in Florida 4. Document number  Felix Abres Arias
5. (a)	Felix Hbreu Hrigs Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	7648 MJ / 6877 ST  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b) .	Daniel Marin
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:  7648 M 1687 ST
	Mi4mi Lakes, FL 33015
the char agent w was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
	The Osha A.A.  The Osha A.A.  The Osha Abres And Th
понунеа	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.