11700053358

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



500306392105

12/08/17--01012--024 ++25.00

17 0EC -8 MH:39

COVER LETTER

Division of Corporations						
GBN VACATION HOME, LLC						
SUBJECT: 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 m	atter to the following:					
SIMON B HOWELL						
Name of Person						
HOWEL INTERNATIONAL TAX						
Firm/Company						
8701 W IRLO BRONSON MEM HWY, SU	ITE 100					
Address						
KISSIMMEE FLORIDA 34747						
City/State and Zip Code						
emma.howell@howellinternationaltax.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
SIMON B HOWELL	407 245-7600					
Name of Person	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 32301	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. N	ame of the li	mited liability company: GBN VACAT	ON H	OME, LLC		
2. (a)	4140 OA	K TREE DRIVE	((b) 4140 OAK TREE DRIVE		
•		ipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ĎAVENI	PORT FLORIDA 33838		DAVENP	ORT FLORIDA 33838	
			_			
	03/07/20	17	-	L1700005	3358	
3.	Da	ate of filing/registration in Florida	4.		Document number	
5. (a)	NUNEZ	DE LA ROSA. CHARLIE JUNIOR			_	
	<u> </u>	gent and Registered Office shown on the records of a LIBRE BEND LN 1701 ORLANDO		•	17 OFC -8 AH II: 39	
		flice Address (MUST BE FLORIDA STREET)				
				_	ري معت	
					三 第二章 む	
	<u> </u>	, FL			ين چ	
(b)	SIMON B	B HOWELL				
		FNEW Registered Agent and/or NEW Registered	Office ac	ldress:		
	NEW Registe	ered Office Address:			λ_{k}	
	8701 W	IRLO BRONSON MEMORIAL HWY	, 			
	K1001141	AP.C				
	KISSIMN	ИЕЕ FL	34747			
the chargent was/was/was/was/was/was/was/was/was/was/	ange or chan will be identi ere authorize icles of orga	ity company is not organized under the law ges are made, the Florida street address of ical. Or, in the case of a Florida limited lia ed by an affirmative vote of the members of nization or the operating agreement of the	the regi ibility c f the lin	stered office a ompany, it is nited liability liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	I W	prorauthorized representative of a member			Printed or typed name of signee	
e oh mer stifie	ligations of a lelv reflect a d interiting	appointment as registered agent and agratutes relative to the proper and complete my position as registered agent as provided change in the registered office address. It of this change.	ee to ac perforn, I för in pereby c	t in this capac ance of my di Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed as limited liability company has been	
Edial	Reviewegistere	d Agent				