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S. WARREN NOV 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COURT (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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:
Macey Davis Name of Person
Firm/Company
P.O. Box 843
Lynn Haven FL 32444 City/State and Zip Code
JE-mail address: (to be used for future annual (aport notification)
For further information concerning this matter, please call:
hacey Davis at (850) 596-1755 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

rioriae	
1. Na	ime of the limited liability company: Gult (ast Fab & Hive
2. (a)	754 A truy 20 (b) P.O. Box 843
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Youngstrup F/ 324/a/a Cuynn Haven F/
	32444
	0.3/09/2017 4170000 55505
3.	Dute of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1109()) (a stile Ava A of A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	•
	Panonna Citu Brown, FL 32413
	VACALL VO
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	<u></u>
	NEW Business Office Address:
	NEW Registered Office Address.
	4chastain, FL 32466
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in Gles of organization or the operating agreement of the limited liability company.
	rung places Lacey Davis
	The of a member or authorized representative of a member Tinted or typed name of signee To accept the appointment as registered agent and agree to act in this canacity. I further agree to comply with the
provisi the obl	by 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 igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
to mere notifies	ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	WW/ STATES

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00