## 217000075935

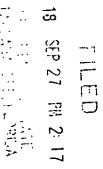
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900314474459

09/07/18--01005--018 \*\*25.00



SEP 2 / 2018

## **FAX TRANSMISSION**

GRAY ROBINSON

720 S.W. 2ND AVENUE SUITE 106 GAINESVILLE, FL 32601 PHONE: 352-376-6400 FAX: 352-376-6484

Date:

September 26, 2018

Client-Matter Number:

To: Octavia Simmons

Fax No.:

Phone No.:

Attn: Division of Corporations

1-850-245-6030

From:

Rupa Lloyd

Phone:

352-376-6400

Subject:

Byrne, LLC / Doc. No. L17000075935

Number of Pages with Cover Page:

Message:

GRAY, ROBINSON ATTORNEYS AT LAW

720 S.W. 2ND AVENUE **SUITE 106** GAINESVILLE, FLORIDA 32601 TEL 352-376-6400 FAX 352-376-6484 gray-robinson.com

FORT LAUDERDALE FORT MYERS GAINESVILLE JACKSONVILLE KEY WEST **TAKELAND** MBLBOURNE Мим NAPLES ORIANDO TALLAHASSEE TAMPA WEST PALM BEACH

BOCA RATON

352-376-6400 RUPALLLOYD@GRAY-ROBINSON.COM

August 30, 2018

FL Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Via Certified Mail Receipt: # 9214 8901 8318 7400 0000 69

Re: Statement of Change of Registered Agent

CORPORATION: BYRNE, LLC DOCUMENT NO: L17000075935

To Whom It May Concern:

On behalf of our client, Byrne, LLC, enclosed please find the Statement of Change of Registered Agent for the above referenced corporation. Also enclosed is a checks made payable to the Florida Department of State for \$25.00 which represents the filing fee for this change.

Please forward confirmation of the filing to my attention at GrayRobinson, P.A., 720 SW 2nd Ave, Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 376-6485, or by e-mail at rupa.lloyd@gray-robinson.com.

Sincerely,

Rupa S. Lloyd, Partner

+ port digl

Attorney at Law

Statement of Change of Registered Agent Check for \$25.00 (filing fee)

INHS18 (2/14)

## COVER LETTER

ro: Registration Section Division of Corporations					
BYRNE, LLC  Name of Limited Liability Company					
rante	to the minute blassing company				
Dear Sir or Madam:	·				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
BARRY BYRNE					
Name of Person	<u></u>				
BYRNE, LLC					
Firm/Company	- <del></del>				
123 NW 23RD STREET	<u></u>				
Address					
GAINESVILLE, FL 32607					
. City/State and Zip Code					
byrne.barry@gmail.com	<del> </del>				
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this matter,	please call:				
BARRY BYRNE	352 494-4473				
Name of Person	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	S55 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 Na	me of the limited liability company:			
2. (a)		(1	o)	
s. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	123 NW 23RD ST		123 NV	V 23RD ST
	GAINESVILLE, FL 32607	_	GAINE	SVILLE, FL 32607
	3/23/17		L170000	075935
3.	Date of filing/registration in Florida	4.	~	Document number
5. (a)	Registered Agent and Registered Office shown on the records of DELL SALTER, P.A.  Registered Office Address MUST BE FLORIDA STREET			
	203 NE 1ST STREET			
	GAINESVILLE F	3260	1	SEP 27
(b)	Enter name of NEW Registered Agent and/or NEW Registere GRAYROBINSON, P.A.  NEW Registered Office Address:	d Office	ddress;	PH 2: 17
	720 SW 2ND AVE, SUITE 106			
	GAINESVILLE	<sub>L</sub> 3260	1	_
the chagent was/v	limited 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 were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	or the reg liability of the l	gistered off company, i imited liabi	t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	nature of a member of authorized representative of a member	_		Printed or typed name of signee
I her provi the or	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi crely reflect a change in the registered office address, red in writing of this change.	gree to d te perfor ded for i I hereby	act in this comance of m n Chapter 6 confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been
_	tragement of Cogli			
Signat	ture of Registered Agent			