

L17000204272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

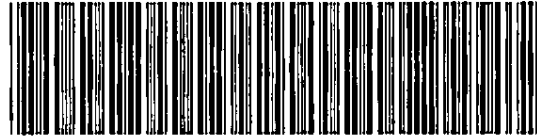
(Business Entity Name)

(Document Number)

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2020 DEC 21 PM 12:27  
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TALLAHASSEE, FL

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JAN 08 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2020

HUGH GIBBONS JR  
1687 GRAND ISLE BLVD  
MELBOURNE, FL 32940

SUBJECT: H.M. GIBBONS & ASSOCIATES, L.L.C.  
Ref. Number: L17000204272

We have received your document for H.M. GIBBONS & ASSOCIATES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00024507

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H. M. GIBBONS & ASSOCIATES, L.L.C.  
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 matter to the following:

Hugh M. Gibbons, Jr.  
Name of Person

H. M. GIBBONS & ASSOCIATES, L.L.C.  
Firm/Company

1687 GRAND ISLE BLVD.  
Address

MELBOURNE, FL 32940  
City/State and Zip Code

h.gibbonsjr@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugh M. Gibbons, Jr. at ( ) 321-223-0797  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 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. Name of the limited liability company: H. M. GIBBONS & Associates L.L.C.
2. (a) 1687 GRAND ISLE BLVD (b) 1687 GRAND ISLE BLVD  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Melbourne, FL 32940 Melbourne, FL 32940
3. 10/03/2017 4. L17000204272  
Date of filing/registration in Florida Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT "A" (LEGAL ZOOM, INC.)  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- (b) Tampa FL 33612  
Hugh M. GIBBONS, JR.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1687 GRAND ISLE BLVD  
Melbourne FL 32940

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TREASURY

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Hugh M. Gibbons, Jr. Hugh M. Gibbons, Jr.  
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Hugh M. Gibbons, Jr.  
Signature of Registered Agent