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	Account Number : 119980000090	17	U
	Phone : (407)839-4200	t .	=
	Fax Number : (407)839-4264		

LLC REGISTERED AGENT CHANGE GEL EMPLOYEES, LLC

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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 limited liability company: GEL EMPLOYE	ES, LLC			
		(b)_			
2. (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)			
	1200 S. Leavitt Avenue	12	200 S. Lenvitt Avenue		
	Orange City, Florida 32763	0	Orange City, Florida 32763		
	12/6/2017	Li	7000250160	<u> </u>	
3.	Date of filing/registration in Plorida	4.	Document number		
	B&C Corporate Services of Central Florida, Inc.			5 5	
5. (a)	Registered Agent and Registered Office shown on the records of	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET		्रा		
	390 North Orange Avenue, Suite 1400		1.,		
	Orlando	L_32801			
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addre	<u>55:</u>		
	NEW Registered Office Address:				
	390 North Orange Avenue, Suite 1400				
	Orlando, F	L_32801			
chang agent was/v the ar	limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited legere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a	liability completed of the limited liability completed limited liability in Milton	oany, it is hereby confirmed the dliability company or as other cility company. E. Evans, Jr. Printed or typed name of	t the change(s) wise provided in	
I her provide the or to me notifi	aby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid welly reflect a change in the registered office address, t ed in writing of this change.	grae to act in c performand led for in Ch l hereby conf	this capacity. I further agree to see of my duties, and I am famility the following the following the following the following the following that the limited liability control in that the limited liability control in the following that the limited liability control in the following	o comply with the ar with and accept nent is being filed npany has been	

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