

L18 00000 32385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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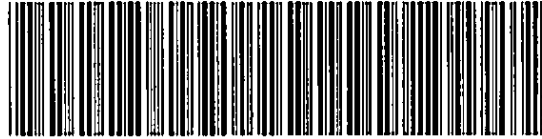
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 19 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Castle Gray Armory LLC  
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:

Timothy M. Doud  
Name of Person

Law Offices of Timothy M. Doud, LLC  
Firm/Company

P.O. Box 1777  
Address

Tarpon Springs, FL 34688  
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy M. Doud at ( 352 ) 596-6339  
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

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TALLAHASSEE, FL

**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: Castle Gray Armory, LLC

2. (a) 4122 US Hwy 19 W (b) P.O. Box 1777

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

New Port Richey, FL  
34652

Tampa Springs, FL  
34688

3. 2-5-2018  
Date of filing/registration in Florida

4. L18 0000 323 85  
Document number

5. (a) Timothy M. Dond  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5331 Commercial Way Suite 204  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Spring Hill  
FL 34606

(b) Law Offices of Timothy M. Dond, LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4158 US Hwy 19 W  
**NEW Registered Office Address:**

New Port Richey,  
FL 34652

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TALLAHASSEE, FL

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.

[Signature]  
Signature of a member or authorized representative of a member

Kimberly A. Gray  
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.

[Signature]  
Signature of Registered Agent