## 11800076793

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special mediations to mining ember.					





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SECRETARY OF STATE

K. SALY APR 6 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Gabella LLC					
	Name	of Li	mited Li	ability Company		
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Cha	nge and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:						
Kevin	D. Wrobel, CPA					
	Name of Person	•••		_		
Wrob	el Accounting					
	Firm/Company					
910 L	ithia-Pinecrest Rd.					
	Address					
Brand	lon, FL 33511					
	City/State and Zip Code					
miche	elle@wrobelaccounting.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Sheila	a Alba	_ at (	813	424-7554		
	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		Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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. 1	Name of the limited liability company: Gabella LLC	,	
2. (a	)	(b)	
<b>(</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
3.	March 26, 2018  Date of filing/registration in Florida	L18	3000076793 Document number
	CARMEN MATOS	''	Document number
5. (a)	Registered Agent and Registered Office shown on the records o 4027 Buttonbush Circle Registered Office Address (MUST BE FLORIDA STREET)	<u></u>	
	Lakeland , F	33811	PA-5
(b	KEVIN D. WROBEL, CPA		- P U
	Enter name of NEW Registered Agent and/or NEW Registere  910 Lithia-Pinecrest Road  NEW Registered Office Address:	d Office address	7: 52
	Brandon , F	<sub>L_</sub> 33511	<del></del>
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layers authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa of the limited e limited liabil	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	patitive of a member or authorized representative of a member	Sheila	R. Alba Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and completive foligations of my position as registered agent as providing reflect a change in the registered office address, and in writing of this change.	gree to act in t e performance ed for in Chap i hereby confir	his canacity. I further agree to comply with the

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