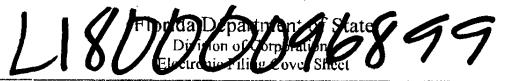
5/11/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001477303)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. C

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE AT YOUR SERVICE GULFCOAST FL, LLC

Certificate of Status	0
Certified Copy (5)	1
Page Count	03
Estimated Charge	\$55.00

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		1	
CLID	AT YOUR SERVICE GULFC	OAST FL, L	LC ***	•
SUBJ		of Limited Li	ability Com	pany
Dear S	bir or Madam:		".	
The er	closed Registered Agent/Registered Offic	e Change and	fee(s) are s	ubmitted for filing.
Please	return all correspondence concerning this	matter to the	following:	
Chey	venne Moseley			
	Name of Person		<del></del>	
Lega	Izoom.com, Inc.			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
101 1	N. Brand Blvd., 10th Floor			
	Address		<del></del>	
Glen	dale, CA 91203		<b>&gt;</b> **	
	City/State and Zip Code	A	. <u></u> í	
grah	amsutton8311@gmail.com		.,	
	E-mail address: (to be used for future annu	ial report notif	ication)	er.
For fu	rther information concerning this matter,	please call:		- 60 - 14
Chey	venne Moseley	800	773-0	888 ext 9724
	Name of Person	\	Area Cod	le & 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	<b>Q</b> -\$	55 Filing Fo	ee & Certified Copy
INIISI	8 (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. N ame of the limited liability company: AT YOUR SE	RVICE GULFCOAST FL, LLC
2. (a) 206 66TH AVE. W	(b) 206 66TH AVE. W
Principal office address of limited Hability company:  (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
BRADENTON, FL 34207	BRADENTON, FL 34207
04/17/2018  3. Date of filing/registration in Florida	13 ( ) sg ( ) 4 ( ) L18000096899  4. Dreument number
5. (a) UNITED STATES CORPORATION AGENTS	
Registered Agent and Registered Office shown on the records of it 13302 WINDING OAK COURT	he Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A SUITE A	DDRESS:
TAMPA , FL	33612
(b) Andrew Graham Sutton	Office address:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (206 66TH AVE W.,	
NEW Registered Office Address:	<u> </u>
BRADENTON, FL_	34207
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered office and the business office of the registered ibility company, it is hereby confirmed that the change(s) fithe limited liability company or as otherwise provided in
(()Ka)	Andrew Graham Sutton
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 agri- provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I h notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Ampter 605, F.S. Or, if this document is being filed except occupany has been
Signature of Rygistered Agent	
	lay 6227a Tallahassa VI 22214
Division of Corporations • P.O. B FILING FE	
HS18 (2/14)	