

L18000/28503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

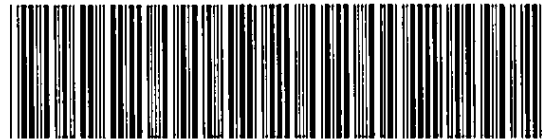
(Business Entity Name)

(Document Number)

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19 JUN 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUN 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2019

THOMAS GILBERT
2787 ENTERPRISE ROAD E, APT 12
CLEARWATER, FL 33759

SUBJECT: GILBERT PROFESSIONAL SERVICES LLC
Ref. Number: L18000128503

We have received your document for GILBERT PROFESSIONAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 319A00010431

RECEIVED
JUN 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GILBERT PROFESSIONAL SERVICES 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:

Thomas Gilbert
Name of Person

GILBERT PROFESSIONAL SERVICES LLC
Firm/Company

2787 ENTERPRISE ROAD EAST APT 12
Address

CLEARWATER FL 33759
City/State and Zip Code

T.GILBERT57@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Gilbert at (727) 773-5941
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

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

☐ \$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: GILBERT PROFESSIONAL SERVICES LLC

2. (a) 2787 ENTERPRISE ROAD E APT 12 (b) 2787 ENTERPRISE ROAD EAST APT 12
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

CLEARWATER, FL 33759

CLEARWATER, FL 33759

3. 5/22/2018 4. 21800128503
Date of filing/registration in Florida Document number

5. (a) LEGAL INC CORPORATE SERVICES INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS SUITE 400
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33907
_____, FL _____

(b) Thomas Gilbert
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2787 ENTERPRISE ROAD EAST APT 12
NEW Registered Office Address:

CLEARWATER, FL 33759

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.

Thomas Gilbert
Signature of a member or authorized representative of a member

Thomas Gilbert
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.

Thomas Gilbert
Signature of Registered Agent

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JUN 10 PM 12:16
TALLAHASSEE, FLORIDA