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R. WHITE APR 15 2019



March 29, 2019

FREDERICK N CLARK 357 6TH AVE W BRADENTON, FL 34205

SUBJECT: GIBRALTAR CAPITAL PARTNERS, LLC

Ref. Number: L18000133348

We have received your document for GIBRALTAR CAPITAL PARTNERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Rebekah White Regulatory Specialist III

SECRETARIZED SECRETARIA

Letter Number: 819A00006314

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.

Name of the limited liability company: Giraltar	Capital Partners	LLC
(a) 357 6th Ave W	(b)	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Bradenton Florida 34205		
2/29/2018		8000133348
Date of filing/registration in Florida	4.	Document number
Richard T Conard MD Registered Office Address 357 6th Ave W	TREET ADDRESS)	
Bradenton	, FL 34205	2019 1977
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent and Agent	gistered Office address	5 PH 6: 15
NEW Registered Office Address:		——————————————————————————————————————
357 6th Ave W		<u> </u>
Bradenton	, FL 34205	
the limited liability company is not organized under change or changes are made, the Florida street add ent will be identical. Or, in the case of a Florida limingly were authorized by an affirmative vote of the ment articles of organization or the operating agreement	ress of the registered nited liability compa nbers of the limited	d office and the business office of the registered ony, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signature of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
ereby accept the appointment as registered agent a visions of all statutes relative to the proper and col obligations of my position as registered agent as p nerely reflect of change in the registered office addr ified in writing of this change.	ind agree to act in the mplete performance rovided for in Chap ress, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and acce ter 605, F.S. Or, if this document is being file om that the limited liability company has been
nature of Registered Agent	_	

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