L18000215120

(F	Requestor's Name)				
(Address)					
(À	address)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER 🕝 🛧

TO: Registration Section Division of Corporations				
Gregory Live Oak Holdings SUBJECT:	LLC			
	ne of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning the	is matter to th	e following:		
David Gregory				
Name of Person				
Firm/Company				
6157 Deercreek Ln		•	19 🏊	515151 1035
Address			AUG 1	- 25. - 25.
Macclenny, FL 32063			Nd o	1800 187 OF
City/State and Zip Code			: <u>></u>	/30°
llcgloh@gmail.com			2: 30	STATE ORATIONS
E-mail address: (to be used for future ann-	ual report noti	ification)		S
For further information concerning this matter,	please call:			
David Gregory	90 4	226.5609		
Name of Person	at (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	□ \$	555 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. N	ame of the limited liability company: Gregory Live	Oak H	oldings LL	.C	
2. (a)	6157 Deercreek Ln	(h	(b) 6157 Deercreek Ln		
_ (_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Macclenny, FL 32063	_	Macclen	ny, FL 32063	
	9/10/2018		L1800021	15120	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LEGALCORP SOLUTIONS ,LLC				
	Registered Agent and Registered Office shown on the records of 3440 W HOLLYWOOD BLVD, SUITE 415 Registered Office Address (MUST BE FLORIDA STREET)		·	::	
	HOLLYWOOD FI.	33021		19 19 4 19	
(b)	David Gregory			AUG I o	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> <u>NEW Registered Office Address:</u>	Office add	lress:	ILEO CORPORATIO PM 2: 30	
	6157 Deercreek Ln			O SHOL	
	Macclenny . FL	32063			
tne cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Pi	2 4/	Dav	rid Gregor	у	
I herei provisi the obli to mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete teations of my position as registered agent as provided by reflect a change in the registered office address, I forwriting of this change	norm,	mee of mo c	DDDS 7007 LOOM from the moth and comme	
Signatur	e of Registered Agent				
	Division of Corporations • P.O. E	Box 6327	• Tallahass	see, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)