LI8 000 335538

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

Office Use Only



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O SIMMONS FEB 0 8 2021

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJE	GDFR, LLC				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered C	Office Change and for	ee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the fo	ollowing:		
ЈВ RO1	ГН				
	Name of Person		_		
ROTH	LAW FIRM PL				
	Firm/Company		_		
450 ST	ATE ROAD 13 NORTH, SUITE 106 - P	MB 134			
	Address		_		
SAINT	JOHNS, FL 32259		_		
	City/State and Zip Code	;			
Љ@R(OTHFIRM.NET				
E	-mail address: (to be used for future a	nnual report notific	ation)		
For fur	ther information concerning this matt	er, please call:			
JB ROT	гн	904 at (595-7900		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	ng amount:			
	■ \$25 Filing Fee	□ \$55	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. Na	ame of the limited liability company: GDFR, LLC			
2. (a)	1774 REGATTA DRIVE		(b) PO BOX	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FERNANDINA BEACH, FL 32034	_	FERNA	NDINA BEACH, FL 32035
	10/04/2018		L1800023	5538
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ROTH LAW FIRM PL			
J. (a)	Registered Agent and Registered Office shown on the records of 6100 GREENLAND RD	the Flo	rida Dept. of St	2029 DEC
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		ESS)	
	SUITE 604			
	JACKSONVILLE, FL	32258		2
(b)	ROTH LAW FIRM PL			— 5.29 6.29
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	
	12724 GRAN BAY PARKWAY WEST			
	NEW Registered Office Address:			_
	SUITE 410			
	JACKSONVILLE , FL	32258		_
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ibility of the l	ered office a company, it imited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Л	EAN B. ROTI	H, AUTH. REPRESENTATIVE
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.	ee to d perfor I for it tereby	nct in this ca mance of my n Chapter 60 confirm tha	pacity. I further agree to comply with the auties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signatu	are of Registered Agent			