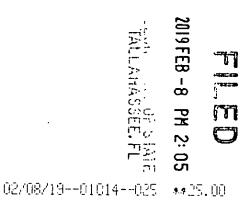
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## COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Gorman Nelson Truestments 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:							
Jonathan P. Nelson Name of Person							
Gorman Velson Firm/Company							
3811 Le Pont Way							
Palm Beuch gardons, FL 33410 City/State and Zip Code							
dehral Knox @ anail.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jonathan P. Welson at (SOL) 630-3025  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:							
S25 Filing Fee S55 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:	Gorman N	Jelson Inix	-stmont-	5 110
2. (a)		1 (	b) 3811 Le	Port Wa	у
	(Note: MUST BE STREET AL	DDRESS)		is of limited liability co	
	Palm Beach Ga	rdens, FC	Palm Be	ach gaco	Lins F
_	<u> </u>	33410		<b>)</b>	3341
		20		<del></del>	<u> </u>
3.	Date of filing/registration in 1	Florida 4.	L 18000 Document	1238130	ρ
5. (a)	egalcoro Sol	utionsIIC		Tumber	
Keş	istered Agent and Registered Office show				
Re	gistered Office Address (MUST BE FLE	twood Bly	<u>a.</u>		
		, 33021	<u> </u>		
_		, FL			
	Torollar DNI		<del></del>	2010 5100 17	
(b) Ente	er name of NEW Registered Agent and/or	NEW Registered Office ad	drace	19FEB	7
			uress.	/HV ///// 8-8	interior Tables
	PREGISIERE Office Address:	Way		SO TRANSPORTER	[77]
					Ö
	Palm Beach g	jardens, E	<u>L 33410</u>	2: 05 SPATE FL	
<u> </u>		, KG			
If the limite	d liability company is not organize	d under the laws of the	State of Florida, it is her	ohu aan G dad	. 0
igent will b	e identical. Or in the case of a Flo	ride limited linkilia.	icred office and the busi	ness office of the r	egistered
was/were at he articles	of organization or the operating agr	the members of the lim	ted liability company or	as otherwise prov	ige(s) ided in
	agi	cement of the million fi	Ionathan	2110	
	a member or authorized representative of a		Printed or typed	d name of signee	Δ
l hereby ac provisions o he obligation	cept the appointment as registered fall statutes relative to the proper ons of my position as registered age flect a change in the registered offi riting of this change	agent and agree to act and complete performa ant as provided for in C	in this capacity. I furthe nce of my duties, and I a hapter 605 F.S. On 15	er agree to comply im familiar with ar	with the id accept
o merety re otified in w	Hect a change in the registered offi riting of this change.	ce address, I hereby co	nfirm that the limited lia	nis aocument is be bility company has	ing Jiled Sbeen

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

Signature of Registered Agent