## 118000 283953

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

Office Use Only



100324406781

02/07/19--01008--012 +\*25.00

19 FEB - 7 FK 6: 27

FEB 13 2019 S. YOUNG

į

## COVER LETTER .

	istration Section sion of Corporations				
SUBJECT:	Git'er Done Services				
	Name of Limite	d 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:					
_Cbr	15tophon Repub Name of Person				
GITER DONE SUCS Firm/Company					
Era Mulberry Ave Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Chris	Name of Person	Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☐ \$55 Filing Fee & Certified Copy

**☑** \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Git'er Done S	ervices	3	
2. (a)	819 Mulberry Ave	(1	819	Mulberry Ave
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		·, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Panama City, Fl		Pana	ma city, FI
	32401	_	3240	1
	12/10/2018		L1800	0283953
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Gary Eck			
(4)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRES.	<u>S)</u>	
	819 Mulberry Ave			14 19
	Panama City, FL	32401		FEB -
	Marion Thomas Porterfield Jr.			9 FEB - 7 PH 6: 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
				6.
				27
	NEW Registered Office Address:			
	, FI.			
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members of clescost organization or the operating agreement of the	the regi ability co of the lin	stered o ompany, nited lial	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
(	: hor Luis		-	er Lewis
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I t	ee to ac perform d for in ( hereby c	t in this lance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

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