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(Requestor's Name)

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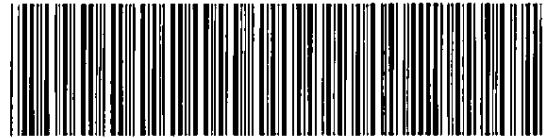
(Business Entity Name)

(Document Number)

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SUBJECT: GWES, LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Burke Murph, III

Name of Person

GWES, LLC

Firm/Company

P.O. Box 2055, 733 Carroll Street

Address

Perry, GA 31069

City/State and Zip Code

burke.murph@gwesllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Burke Murph, III at (478) 235-0307
Name of Person Area Code & Daytime Telephone Number

at (478

235-0307

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

☐ \$25 Filing Fee

☐ \$55 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: GWES, LLC

2. (a) 733 Carroll Street, Perry, GA 31069

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b) P.O. Box 2055, Perry, GA 31069

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2/20/2019

3. Date of filing/registration in Florida

18000284783

4. Document number

5. (a) 1901 Upper Cove Terrace, Sarasota, FL 34231

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1901 Upper Cove Terrace, Sarasota, FL 34231

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Burke P. Murph III

Signature of a member or authorized representative of a member

Burke Murph, III

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00