

L190000 87314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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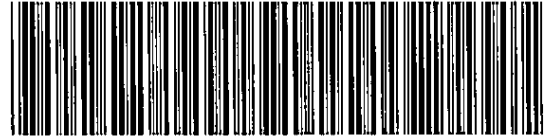
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 19 11 20 19

Ra Change

JUN 14 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clayworks of Gulfport, 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:

Dennis Howard

Name of Person

Clayworks of Gulfport, LLC

Firm/Company

5021 Tangerine Ave S

Address

Gulfport, FL 33707

City/State and Zip Code

clayworksgulfport@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Howard

Name of Person

at (508)

566-3854

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

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 17 2018
TALLAHASSEE, FL 32301

**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: Clayworks of Gulfport, LLE
2. (a) 5021 Tangerine Ave S
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Gulfport, FL 33707
- (b) 5021 Tangerine Ave S
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Gulfport, FL 33707
3. 03/29/2019 Date of filing/registration in Florida
4. L19000087314 Document number
5. (a) Nancy Mayer
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7500 Sunshine Skyway Lane #405
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
St. Petersburg, FL 33711
- (b) Dennis Howard
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5021 Tangerine Ave S
NEW Registered Office Address:
Gulfport, FL 33707

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.

Dennis Howard

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent