| (Requestor's Name)                      |           |
|---|-----------|
| (Address)                               | 600335    |
| (Address)  (City/State/Zip/Phone #)     |           |
| PICK-UP WAIT MAIL                       | 10/28/190 |
| (Business Entity Name)                  |           |
| (Document Number)                       |           |
| Certified Copies Certificates of Status |           |
| Special Instructions to Filing Officer: |           |
|   |           |
|   |           |
|   |           |

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## COVER LETTER ...

| Division of Corporations                             | •  |
|--|--|
| SUBJECT: GULF COAST DIY STUDIOS, L                   | .LC  |
|  | Limited Liability Company                  |
| Dear Sir or Madam:                                   |  |
| The enclosed Registered Agent/Registered Office C    | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma  | atter to the following:                    |
| BARRY P. BABLER                                      |  |
| Name of Person                                       |  |
| GULF COAST DIY STUDIOS, LLC                          |  |
| Firm/Company   | <del></del>                                |
| 208 TAMIAMI TRAIL #112                               |  |
| Address  |  |
| PUNTA GORDA, FL 33950                                |  |
| City/State and Zip Code                              | <del></del>                                |
| hammerandstainpuntagorda@gmail.com                   |  |
| E-mail address: (to be used for future annual r      | eport notification)                        |
| For further information concerning this matter, plea | se call:                                   |
| BARRY P. BABLER                                      | 262 993-5902                               |
| Name of Person                                       | Area Code & Daytime Telephone Number       |
| STREET/COURIER ADDRESS: Registration Section         | MAILING ADDRESS; Registration Section      |
| Division of Corporations Clifton Building            | Division of Corporations<br>P.O. Box 6327  |
| 2661 Executive Center Circle                         | Tallahassee, Florida 32314                 |
| Tallahassee, Florida 32301                           |  |
| Enclosed is a check for the following amo            | ount:                                      |
| <b>☑</b> \$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. Na  | ume of the limited liability company: GULF COAS   | T DIY STUDI   | OS, LLC  |
|--|---|---|--|
| 2. (a)   | 208 TAMIAMI TRAIL #112  | (b) 208   | TAMIAMI TRAIL #112   |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BON)   |
|  | PUNTA GORDA, FL 33950   | PUN   | ITA GORDA, FL 33950  |
|  |   |   |  |
|  | 04/26/2019  | L190  | 00114754   |
| 3.   | Date of filing/registration in Florida  | 4.  | Document number  |
| 5. (a)   | KUHNS LAW FIRM, PLLC  |   |  |
|  | Registered Agent and Registered Office shown on the records of 252 W. MARION AVE., STE#1129   | the Florida Dept. o   | l'State:   |
|  | Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS)  |  |
|  | PUNTA GORDAFI   | 33950   | <del></del>  |
| (b)  | BARRY P. BABLER   |   |  |
| (0)  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | l Office address:   | <del></del>  |
|  | 208 TAMIAMI TRAIL #112  |   |  |
|  | NEW Registered Office Address:  |   | <del></del>  |
|  |   |   | <del></del>  |
|  |   |   |  |
|  | PUNTA GORDA . FI  | 33950   |  |
| the cha<br>agent v<br>was/we<br>the arti<br>Signal<br>I herei<br>provisi<br>the obl<br>to mere | imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and agents 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. It in writing of this change. | f the registered cability company of the limited liability BARRY F  BARRY F  ree to act in this performance of dor in Chapter | office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in company.  P. BABLER, MGR  Printed or typed name of signee  capacity. I further agree to comply with the finy duties, and I am familiar with and accepted 605, F.S. Or, if this document is being filed |
| <u> </u>   | The stand American  |   |  |
| oignatu  | re of Registered Agent  |   |  |