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## COVER LETTER

TO: Registration Section  Division of Corporations	•
SUBJECT: (9AVGET KING-Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	Howing:
Joshua Shelan Name of Person	_
GADGET KING LLC Firm/Company	<del></del>
430 SE 75 TH Street	_
Carnesville FL 32641  City/State and Zip Code	_
Showshelm @ gmall. CON E-mail address: (to be used for future annual report notific	<u>\ation)</u>
For further information concerning this matter, please call:	
Name of Person at (313	) 613 -3826 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	) (b)_	-	SE 7 address of limi	-	
	CAINEVILLE FL 32641		GAINE	South	FL 3	2641
3.	Date of filing/registration in Florida	4.		ment number	678	
5. (a)	Registered Agent and Registered Office shown on the records of the 3440 W Howywood B	he Florida De				
	Registered Office Address (MUST BE FLORIDA STREET A				, ,	100 A
(b)	Hollywood , FL.	3302	-1		7-	
(0)	Enter name of NEW Registered Agent and/or NEW Registered  430 SE 75 <sup>TM</sup> ST	Office addre	<u>ss</u> :		PM 5: 4	
	NEW Registered Office Address:				ယ	3
	GAINESVILLE .FL	32.6	41_			
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	registered or bility comp f the limited limited liab	office and the boany, it is hereb d liability com	ousiness office by confirmed pany or as of	te of the reg that the cha herwise pro	istered inge(s)
I herel, provision the oblit to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete the proper and complete the proper and the provided of the proper address. I have the proper address of the proper address of the proper address. I have the proper address of the proper address of the proper address. I have the proper address of the proper and the proper address of the proper and agent and agree to the proper and complete proper and the proper address of the prope	ee to act in	this canacity.		ee to compl	w with the and accept being filed as been