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(Reque	estor's N	ame)	
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(City/S	tate/Zip/	Phone #)	
PICK-UP	☐ WA	iT	MAIL
(Busin	ess Enti	ty Name)	
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Certified Copies	Certii 	ficates of S	Status
Special Instructions to Fili	ng Office	er:	
	Office U	se Only	



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Independent Gas Service	ces, LLC
JOIN ECT.	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Michael J Greenier	
Name of F	Person
Independent Gas Services, LLC	
Firm/Com	ipany
2644 CR 245D	
Address	
Oxford, FL 34484	
City/State and	1 Zip Code
igsllc920@gmail.com	•
	or future annual report notification)
For further information concerning	g this matter, please call:
Mike Greenier	407 558-9507
Name of Person	at ()Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section S Division of Corporations
Division of Corporation P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Taranassee, 113 323	Tallahassee, FL 32303
Enclosed is a check for the	he following amount:
□ \$25 Filing Fee	\$55 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.

1. N	ame of the limited liabili	ty company: Independent Gas	Services, LLC		
2. (a)	2644 CR 245D		(b)		
J. (u)	Principal office addr	ess of limited liability company: BE STREET ADDRESS		Mailing address of limite (Note: MAY BE POS	d liability company:
	9/27/2021		L20000	0315609	
3.	Date of filing/r	egistration in Florida	- <u></u>	Document number	
5. (a)	Shelly Fairbanks			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
J. (4)	Registered Agent and Regist	ered Office shown on the records of	the Florida Dept. o	f State:	
	2644 CR 245D				20:
	Registered Office Address	(MUST BE FLORIDA STREET	ADDRESS)		2022 St.
	Oxford	FI	34484		
(b)	Michael J Greenier				رن <u>ا</u>
(0)		red Agent and/or NEW Registered	Office address:		\sim ω
	2644 CR 245D				
	NEW Registered Office Ad	dress:			
		1	24404		
	Oxford	, FI	34484		
changagent was/w	e or changes are made, the will be identical. Or, in the vere authorized by an again	is not organized under the lave Florida street address of the he case of a Florida limited limitative vote of the members of the operating agreement of the	registered office ability company of the limited lia	te and the business office t, it is hereby confirmed to ability company or as oth to company.	of the registered that the change(s)
Sign	ature of a member or authorize	d representative of a member	<u> </u>	Printed or typed name	of signee
provis the ob to mei	eby accept the appointme sions of all statutes relative of signations of my position of rely reflect a change in the ed in writing of this change	nt as registered agent and agr ve to the proper and complete is registered agent as provide ve registered office address, I ge.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agre f my duties, and I am fam r 605, F.S. Or, if this doc that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
	Was Davis and Assay				
ວາຊກລເ	ure of Registered Agent				