

L21000012185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

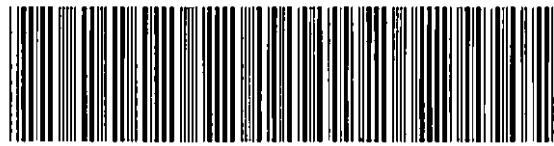
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
OCT 21 2024

Office Use Only



300437399913

10/02/24--01022--022 **25.00

2024-01-25 12:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gillespie Business Services 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:

Sharlene Cathy Gillespie

Name of Person

Gillespie Business Services, LLC

Firm/Company

200 E. Robinson Street, #1120

Address

Orlando, Florida 38021

City State and Zip Code

sharlene@gbstoday.com

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

For further information concerning this matter, please call:

Sharlene Cathy Gillespie
Name of Person

at (954) 825-8013
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

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: Gillespie Business Services, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

200 E. Robinson Street, #1120

Orlando, Florida 32801

01/02/21

L21000012185

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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 33702

FL _____

2024
2/11/2024
11:27 AM
77

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.

Sharlene C. Gillespie

Sharlene Cathy Gillespie

Signature of a member or authorized representative of a member

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 C. Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00