## L21000 105724

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
/Pı	siness Entity Nam	20)			
υα)	isiness chuty Nan	ie)			
(Do	cument Number)	<del></del>			
Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				





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03/31/21--01009--018 \*\*55.00



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## COVER LETTER

	Registration Section Division of Corporations		
SUBJE	GULF O' GUMBO LLC	L21000105724	
30130		Name of Limited Liability Company	<del></del>
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concer	ning this matter to the following:	
Erin M.	Gadboys		
	Name of Perso	1	
GULF C	) GUMBO LLC		
	Firm/Company		
3651 WI	LLOWOOD P		
	Address		
GULF B	REEZE, FL 32563		~2
	City/State and Zip	Code	MOZI HAR 3
-	s@gmail.com		<b>3</b> 3
E-	mail address: (to be used for fut	ure annual report notification)	
For furth	ner information concerning this	matter, please call:	きの表
Erin M (		- m(850), 982-639	3 17 25
	Name of Person	Area Code & Daytime Telepho	ne 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, Suit Tallahassee, FL 32303	te 810
	Enclosed is a check for the fol	lowing amount:	
	■ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

1NHS18 (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.

L. Na	ume of the limited liability company: GULF O' GUM	dBO LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3651 WILLOWOOD PL			ing address of limited liability company: ote: MAY BE POST OFFICE BOX)
	GULF BREEZE, FL 32563		GULF BREEZ	E. FL 32563
	03/04/2021		L21000105724	
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	Do	cument number
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SUITE 36			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S. SEMORAN BLVD.		<u> </u>	
(b)	ORLANDO	NDO F1 32822		
	Erin M Gadboys		<del>.</del>	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	3651 WILLOWOOD PL			
	NEW Registered Office Address:			
	GULF BREEZE,	FL 32563		
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the s	the registe Hiability rs of the li he limited	ered office and the company, it is he imited liability co	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
Signat	ture of a member or authorized representative of a member		•	nted or typed name of signee
l heret provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change.	igree to a de perfor ded for it I hereby	et in this capacity	: I further agree to comply with the
	Enf			
Signatu	re of Registered Agent			