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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2024 JUL 11 PM 5:27

**To:** Florida Secretary of State

**From:** Cindy's Florida LLC

[8051 N. Tamiami Trail STE E6]

[Sarasota, Florida, 34243]

[307-683-0983]

Check Number: 308

Check Amount: \$50.00

Company Name: **GPD BOOKKEEPING LLC**

Product: Registered Agent Switch

Amount: \$25.00

Company Name: **GAWK DIGITAL LLC**

Product: Article Of Amendment

Amount: \$25.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GPD BOOKKEEPING 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:

Andrew Pierce

\_\_\_\_\_  
Name of Person

CINDY'S FLORIDA LLC

\_\_\_\_\_  
Firm/Company

8051 N. Tamiami Trail STE E6

\_\_\_\_\_  
Address

Sarasota, Florida, 34243

\_\_\_\_\_  
City/State and Zip Code

reports@cloudpeaklaw.com

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

For further information concerning this matter, please call:

Andrew Pierce

307

6830983

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

☐ \$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: GPD BOOKKEEPING LLC

2. (a) 8051 N. Tamiami Trail STE E6 (b) 8051 N. Tamiami Trail STE E6  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Sarasota, Florida, 34243

Sarasota, Florida, 34243

10/12/2022

L22000440442

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

5. (a) REGISTERED AGENTS INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4TH STREET NORTH SUITE 300

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

ST PETERSBURG, FL 33702

(b) CINDY'S FLORIDA LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8051 N. Tamiami Trail STE E6

**NEW Registered Office Address:**

Sarasota, FL 34243

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.

Andrew Pierce

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.*

Signature of Registered Agent

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