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COVER LETTER

Division of Corporations				
GATOR TAX AND FINANCIAL SERVI	CES LLC			
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Robert Boyette				
Name of Person				
Gator Financial Management				
Firm/Company 35 S Melbourne St				
35 S Melbourne St				
Address				
Beverly Hills, Florida 34465				
City/State and Zip Code				
info@4gator.com				
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this matter, pleas	se call:			
Robert Boyette	352 527-2866			
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 amo	unt:			
■ \$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.

I. Na	ame of the limited liability company: GATOR TAX AN	D FIN	IAN —	CIAL SEI	RVICES LLC				
2. (a)	5 S Melbourne St (b) 35 S Melbourne St								
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U)		Mailing address of (Note: MAY BE		-		
	Beverly Hills, Florida 34465	_		Beverly F	Hills, Florida 3446.	5			
	11/29/2022	_	Ĺ	.22000501	1902		<u>.</u>		
3.	Date of filing/registration in Florida	4.	_		-Document nuir	ber			
5. (a)	NORTHWEST REGISTERED AGENT LLC								
	Registered Agent and Registered Office shown on the records of 7901 4TH ST N STE 300	the Flor	rida I	Dept. of St	ale:				
	Registered Office Address (MUST BE FLORIDA STREET : STE 300	<u> 1DDRE</u>	<u>(SS)</u>		_	FIL 2023 NOV 27 TÄLLÄHASSI			
	St Petersburg F1	33702			_	ASS)¥ 2	·	
(b)	Gator Financial Management Inc. Enter name of NEW Registered Agent and/or NEW Registered	()07			_	ALLAHASSEE, FLORIDA	7 PM 1:1	m	
	35 S Melbourne St	Office	<u> 444</u>	ress:		ATE)RIDA	: = = =		
	NEW Registered Office Address:								
	Beverly Hills	34465			_				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of clessof organization or the operating agreement of the	vs of the language.	he S erec con imit d lia	l office an npany, it red liabili ability con	nd the business of is hereby confirmity company or as	ffice of the	he reg the cha	istered ange(s)	
/		R	ober	1 Boyette	D				
\ here provisi the obl	wire of a member or authorized representative of a member by accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete igntions of my position as registered agent as provided ely-reflect a change in the registered office address. I I him writing of this change.	ee to a perfor I for u ieveby	ict i mai i Cl cor	n this cap we of my wp(er 60) yirm that	Printed or typed to pacity. I finther of duties, and I am 15. F.S. Or, if this t the limited liabi	auree to	comnl	y with the and accept peing filed as heen	
Signatu	re of Registered Agent								
,	Division of Corporations• P.O. I FILING F				assee. FL 32314				