

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

# L23000263781341811

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : NATIONWIDE CONTRACTOR LICENSING  
Account Number : 120210000115  
Phone : (954)233-0222  
Fax Number : (813)441-8235

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: STATELICENSEINFO@GMAIL.COM

### LLC REGISTERED AGENT CHANGE

### STUDIO CGU, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2023 JUL 28 PM 4:01

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUL 28 PM 1:35

APPROVED  
AND  
FILED

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JUL 31 2023  
K. Brumley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STUDIO CGU, 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:

AMANDA BRIERLEY

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

NATIONWIDE CONTRACTOR LICENSING

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

29157 CHAPEL PARK DR STE A

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL 33543

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

STATELICENSEINFO@GMAIL.COM

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

For further information concerning this matter, please call:

AMANDA BRIERLEY

954

233-0222

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: STUDIO CGU, LLC
2. (a) 1998 TRADE CENTER WAY  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
STE 2  
NAPLES, FL 34109
- (b) 1998 TRADE CENTER WAY  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
STE 2  
NAPLES, FL 34109
3. 07/19/2023  
Date of filing/registration in Florida
4. L23000341811  
Document number
5. (a) CRAIG GASKINS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1998 TRADE CENTER WAY  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
NAPLES FL 34109
- (b) Carol L. LeBeau, PA,  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4953 Castello Drive, Suite 200  
NEW Registered Office Address:  
NAPLES FL 34103

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.

Signature of a member or authorized representative of a member

CRAIG GASKINS

Printed or typed name of signer

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301