## 123000 349024

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Bocument Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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## COVER LETTER

COVER LE	TIER		COVERLETTER			
TO: Registration Section Division of Corporations	,					
SUBJECT: Chang of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the fo	dlowing:					
Arethough 6- Stewart Name of Person	<u></u>					
GEMPO LLC Firm/Company	_					
5835 59h Address	_					
Vero Beach FL 32967 City/State and Zip Code	_		2024 NA			
Stew que () att, Net E-mail address: (to be used for future annual report notific	ation)		Y 20 AMI			
For further information concerning this matter, please call:			l: 23			
Hathoric Stewart at 772  Name of Person	567-0384		-			
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 Tallahassee, FL 32303	810				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:



March 6, 2024

1

Amendment Section **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Re: Change of Florida Registered Agent for GEMPO, LLC

Sir/Madam:

Please see the enclosed form for GEMPO, LLC requesting the change of the Registered Agent. We are enclosing the \$25 fee for this service.

Thank you for your prompt attention to this matter.

JBlayne Jennings

Complete for

Encls:



April 30, 2024

JBLAYNE JENNINGS JBJ CONSULTANTS 931 BARBER STREET SEBASTIAN, FL 32958

SUBJECT: GEMPO, LLC Ref. Number: L23000349024

We have received your document for GEMPO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

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Letter Number: 624A00008345

## 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. Na	ime of the limited liability company: GEMPO, LL	<u>C</u>
2. (a)	11 1 1	5835 59th Ct
2. (d)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Level Beach The	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  1) 200 Beach, F-1
	32967	32967
	07/24/2023	L 23000 349024
3	Date of filing/registration in Florida 4.	Document number
5. (a)	Blayne Fenting	
	Registered Agent and Registered Office shown on the records of the Florida Dept.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  931 Banken St.	
<i>a</i> >	Separtion FL 3290	S POZY HAY
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	20 AK II:
	NEW Registered Office Address:  5835 5974 Ct	
	VeroBeach, FL FL	
change agent v was/we the arti	imited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability companere authorized by an affirmative vote of the members of the limited lieles of organization or the operating agreement of the limited liability.	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
_	ture of a member or authorized representalive of a member by accept the appointment as registered agent and agree to act in thi	V
provisi the obl to mere notified	in Accept the appointment as registered agent and agree to act in mights of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapte ely reflect a change in the registered office address, I hereby confirmation of this change.  Letter Agent  The of Registered Agent	of my duties, and I am familiar with and accept or 605. F.S. Or, if this document is being filed

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

## **CHANGE OF FLORIDA REGISTERED AGENT**

This is a request to change the Registered Agent for GEMPO, LLC, from JBlayne Jennings of 931 Barber St., Sebastian, FL 32958 to Anthony G. Stewart of 5835 59th Court, Vero Beach, FL

JBlayne Jennings

32967.