City & State  Country  S. Certificate of Status Desired  \$5.00 Auditional  \$5.00 Auditional  \$5.00 Auditional  \$5.00 Auditional  \$5.00 Auditional  For Required  Name  Name  No Daniel Jimmy  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  The above ramed entity submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida.  SIGNATURE  The above ramed entity submits this statement for the purpose of changing its egistered differ or registered agent, or both, in the State of Florida.  SIGNATURE  The above ramed entity submits this statement for the purpose of changing its egistered differ or registered agent, or both, in the State of Florida.  SIGNATURE  The No. Will FEE IS \$50.00  Make Check Pa above ramed entity submits this statement or superiored agent end size if equivalent  FILE No. Will FEE IS \$50.00  Make Check Pa above ramed entity submits this statement for the purpose of changing its egistered differ or registered agent, or both, in the State of Florida.  SIGNATURE  The No. Will FEE IS \$50.00  Make Check Pa above ramed entity submits this statement for the purpose of changing its egistered differ or registered agent, or both, in the State of Florida.  SIGNATURE  The No. Will FEE IS \$50.00  Make Check Pa above ramed entity submits weakers when remarking part end state its feathers.  Date of Part Agents and the No. Audition entities and the submit remarks and the remarks an				<u> </u>					
GULF COAST COUNTERTOPS, L.C.  DI MAY - 2 PM 6: 01 SECRETARY OF STATE TALL AHASSEE, FLORIDA  2285 U.S. HGHWAY 19 HOLDAY FL 34691  2295 U.S. HGHWAY 19 HOLDAY FL 34691  229 Country  239 Country  240 Country  250 Country  270 Coun	1. Entity Name A					•			
225 U.S. HOHWAY 19 HOLDAY FL 34691  2. Principal Place of Business  3. Mailing Andriens Sulfe, Apr. # etc.  Suite, Apr. # etc.  Do NOT WRITE IN THIS SPACE  My & State  City & State  Country  Zip  Country  School Additional  Province  School Additional  School Additional  School Additional  Repair Additional  School Additional  Repair Additional  School Additional  Scho									
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2265 U.S. HGHWAY 19		2265 U.S. HGHWAY 19	2265 U.S. HGHWAY 19				(1)E11 <b>8</b> PE 1 <b>00</b> 1	
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S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida.  SIGNATURE  SOLOD  Make Check P 2 state to Department of State  SIGNATURE  SOLOD  ADDITIONS/CHANGES  Change Addition  MAKE SIGNATURES  SIGNATURE  SOLOD  ADDITIONS/CHANGES  Change Addition  Addition  MAKE SIGNATURE  SOLOD  SIGNATURE  SOLOD  SIGNATURE  SOLOD  SIGNATURE  SOLOD  SIGNATURE	City & State		City & State		4. FEIN			<del>`                                      </del>	
MCDANIEL, JIMMY 2265 U.S. HGHWAY 19 HOLIDAY FL 34891  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida.  SIGNATURE  SIGN	Zip			Country			Fee Require		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	6. Name and Address of Current Registered Agent				······································				
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, fixed or printed name of registered agent and title if anoticiation.  INOT Requirement Agent displaces required when remotaling)  PILE NOT WITH FEE IS \$50.00  Make Check Pa 26 bile to Department of State  SIREST ADDRESS  MANAGING MEMBERS Delete  MARM MANAGING MEMBERS DELIANE  Delete  MARM MANAGING MEMBERS THE CONSIST OF STREET ADDRESS  SIREST ADDRESS  OIY-ST-ZP  TILE  NAME  SIRES	2265 U.S. HGHWAY 19								
8. The above named entity submits this statement for the purpose of changing its eqistered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or portion named name of implifiered agent and bits it explicable.				City	<del></del>	. FL	Zip Cod	e	
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MA (AGER, OR PASTHORIZED REPRESENTATIVE

Daytime Phone #