

M020000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 OCT 20 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
OCT 21 2009  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G.B.J. Palm Bay, 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:

Elizabeth B. Buck  
Name of Person

G.B.J. Palm Bay, LLC  
Firm/Company

2183 Sierra Stone Ln  
Address

Las Vegas NV 89119  
City/State and Zip Code

ebbupdate@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth B. Buck at ( 702 ) 260-6444  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: G.B.J. Palm Bay, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

2183 Sierra Stone Ln  
Las Vegas, NV 89119

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

(same)

12/27/2001  
3. Date of filing/registration in Florida

M 02000000017  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Arlene Shepherd

Registered Office Address:

2437 Harbor Blvd, Essex House #207  
Port Charlotte, FL 33952

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

**NEW Registered Agent:**

Cindy Stewart

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

600 Willow Walk Pl

St. Augustine, FL 32086

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.

Elizabeth B. Buck  
Signature of a member or authorized representative of a member

Elizabeth B. Buck  
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 608, 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.

Cindy Stewart  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**