H1000000308

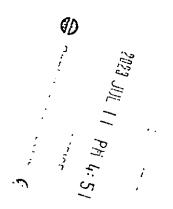
	(Requestor's Name)	· ·
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Danier and Missah and	
	(Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions to	Filing Office HORNE	
	JUL 1 2 2023	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/11/2023	
Name:		_
Reference	#:2057668	<u> </u>
Entity Nam	ne: GOPHER	RESOURCE, LLC
	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
√ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized	Amount: \$25.00	



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Account#: 120000000088

Date:0	7/11/2023	
	Chris Vick	
Reference #:	0057000	
Entity Name:_	GOPHE	R RESOURCE, LLC
Articles	of Incorporation/Authoriza	tion to Transact Business
☐ Amendr	ment	
Change	of Agent	
Reinsta	tement	
☐ Convers	sion	
☐ Merger		
☐ Dissolut	ion/Withdrawal	
Fictitiou	s Name	
Other_		
Authorized Am	ount: \$25.00	

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.

(a)			
	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	January 20, 2010		M1000000308
	Date of filing/registration in Florida	4.	Document number
(a)	BRAIN LEEN		
(11,	Registered Agent and Registered Office shown on the reco	ords of the Florida Dep	t, of State:
	6505 JEWELL AVENUE		
	Registered Office Address (MUST BE FLORIDA ST)	REET ADDRESS)	ZOZ:
		33610	2023 JUL SECRETA TALLAHAS
(h)	Registered Office Address (MUST BE FLORIDA ST.	33610	ZBZ3 JUL 11 1 SECRETARY I
(h)	Registered Office Address (MUST BE FLORIDA ST.) TAMPA	. FL 33619	ZOZO JUL II AMII: SECRETARY II TALLAHASSEE!
(h)	Registered Office Address (MUST BE FLORIDA ST. TAMPA COGENCY GLOBAL INC.	. FL 33619	ZOZ3 JUL II AM II: 39 TALLAHASSER!
(h)	TAMPA COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Reg	. FL 33619	SECRETARY IS TALL AMIL: 39

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.

/S/ LIVINGSTON HASKELL

LIVINGSTON HASKELL

Signature of a member or authorized representative of a member

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 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.

/S/ TIMOTHY MAYVILLE

Signature of Registered Agent

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