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Division of Corporations

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: (954)208-0845 Fax Number

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

Email Address:\_\_\_\_

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## LLC REGISTERED AGENT CHANGE GULF COAST SUPPLY & MANUFACTURING, LLC

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EXAMINER

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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 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.

			(b)						
(-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· ·	/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	14429 SW 2nd Place Suite G-30		14429	SW 2nd I	V 2nd Place Sulte G-30				
	Newberry, FL 32669	<u></u>	Newberry, FL 32669						
	12/09/2010	M10000005540							
	Date of filing/registration in Florida	4.		Doc	ument nu	mber			
(a)	Registered Agent and Registered Office shown on the records of		<del></del>						
•		the Flori	da Dept, of	State:					
	Harry W Yeatman								
	Registered Office Address (MUST BE FLORIDA STREET	EET ADDRESS)							
	14429 SW 2nd Place Suite G-30					<u>.</u>	28		
	Newberry, FI	32669					2018 NOV		
						五// [5]	A O		
(b)						S 25	<del>-</del> -	ļ	
(5)	Enter name of NEW Registered Agent and/or NEW Registered	t Office a	ddress:				~~	,	
	OT Conserving System					AHASSEE, FLORIÐ	PH	j	
	CT Corporation System			<del>.</del>		22 X	-:-	,	
	NEW Registered Office Address:					D;	<u>+</u>		
	1200 South Pine Island Road			<del></del>					
		33324							