## M11000001435

| (Re                                     | equestor's Name)                      |      |  |  |  |  |
|---|---------------------------------------|------|--|--|--|--|
| (Address)                               |                                       |      |  |  |  |  |
| (Ad                                     | ldress)                               |      |  |  |  |  |
|   |                                       |      |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phon                     | e #) |  |  |  |  |
| PICK-UP                                 | ☐ WAIT                                | MAIL |  |  |  |  |
| (Business Entity Name)                  |                                       |      |  |  |  |  |
| (Do                                     | cument Number)                        |      |  |  |  |  |
| (                                       |                                       |      |  |  |  |  |
| Certified Copies Certificates of Status |                                       |      |  |  |  |  |
| Special Instructions to Filing Officer: |                                       |      |  |  |  |  |
| •                                       |                                       |      |  |  |  |  |
|   |                                       |      |  |  |  |  |
|   |                                       | . '  |  |  |  |  |
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Office Use Only



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2016 SEP 19 PH 3: 35

K. SALY SEP 21 2016

## **COVER LETTER**

TO:

Registration Section

| Divi   | sion of Corporations                |  |             |                                      |  |  |  |
|--|-------------------------------------|--|-------------|--------------------------------------|--|--|--|
| CIDIFOT.   | GAMUT PROPERTIES, LLC               |  |             |                                      |  |  |  |
| SUBJECT:   | Name of Limited Liability Company   |  |             |                                      |  |  |  |
| Dear Sir or I  | Madam:                              |  |             |                                      |  |  |  |
| The enclosed   | d Registered Agent/Registered Off   | ice Change   | and fe      | e(s) are submitted for filing.       |  |  |  |
| Please return  | n all correspondence concerning th  | is matter to   | the fo      | llowing:                             |  |  |  |
| Debbie Ba  | atchelor                            |  |             |                                      |  |  |  |
|  | Name of Person                      |  |             | <del>.</del>                         |  |  |  |
| GAMUT P  | ROPERTIES, LLC                      |  |             |                                      |  |  |  |
|  | Firm/Company                        |  |             | -                                    |  |  |  |
| 500 Lakev  | riew Street                         |  |             |                                      |  |  |  |
|  | Address                             |  | •           |                                      |  |  |  |
| Orlando, F   | Florida 32804                       |  |             |                                      |  |  |  |
|  | City/State and Zip Code             |  | <del></del> | -                                    |  |  |  |
|  | address: (to be used for future ann | -  |             | ation)                               |  |  |  |
| Debbie Ba  | atchelor                            | 407<br>at (  |             | 895-3881                             |  |  |  |
|  | Name of Person                      |  |             | Area Code & Daytime Telephone Number |  |  |  |
| Registration Section Registration S Division of Corporations Division of C Clifton Building P.O. Box 632 |                                     | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 |             |                                      |  |  |  |
| Enc  | losed is a check for the following  | amount:  |             |                                      |  |  |  |
| <b>☑</b> \$  | 25 Filing Fee                       |  | \$55        | Filing Fee & Certified Copy          |  |  |  |
| INHS18 (2/14   | 4)                                  |  |             |                                      |  |  |  |

## 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)                              |   | (                                  | b)  |  |  |  |
|------------------------------------|---|------------------------------------|---|--|--|--|
| . (a)                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | `                                  | N   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |  |
|                                    | 500 Lakeview Street 50  |                                    |   | 500 Lakeview Street  |  |  |
|                                    | Orlando, Florida 32804  | _                                  | Orlando,  | Florida 32804  |  |  |
|                                    | 03/17/2011  |                                    | M110000   | 01435  |  |  |
|                                    | Date of filing/registration in Florida  | 4.                                 |   | Document number  |  |  |
| . (a)                              |   |                                    |   |  |  |  |
| . (a)                              | Registered Agent and Registered Office shown on the records of  | the Flori                          | la Dept. of State   | :<br>:   |  |  |
|                                    | NATIONAL CORPORATE RESEARCH, LT   | D., INC                            | <b>)</b> .  |  |  |  |
|                                    | Registered Office Address (MUST BE FLORIDA STREET   | ADDRES                             | <u>(S)</u>  | •<br>-   |  |  |
|                                    | 115 North Calhoun St., Suite 4  |                                    |   | 201  |  |  |
|                                    | Tallahassee   | _3230 <sup>2</sup>                 |   | 7116 SEP   |  |  |
|                                    | , FI  | <del></del>                        |   | P 19   |  |  |
| (b)                                |   |                                    |   |  |  |  |
| (0)                                | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office a                           | ddress:   | OF SE  |  |  |
|                                    | Debbie Batchelor  |                                    |   | 원<br>- 35  |  |  |
|                                    | NEW Registered Office Address:  |                                    |   | -  |  |  |
|                                    | 500 Lakeview Street   |                                    |   | -  |  |  |
|                                    | Orlando, FI   | 32804                              | ļ   | _  |  |  |
| ne cha<br>gent v<br>as/w<br>ne art | imited liability company is not organized under the la<br>ange or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited li<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | f the reginability of the li       | sistered office<br>company, it is<br>mited liability<br>liability con | e and the business office of the registers<br>is hereby confirmed that the change(s)<br>y company or as otherwise provided in<br>inpany. |  |  |
| (                                  | Muliu Batchelor   | <u>D</u>                           | ebbie Batch   |  |  |  |
|                                    | ature of a member or authorized representative of a member  |                                    |   | Printed or typed name of signee  |  |  |
| here<br> rovis<br> he ob           | by accept the appointment as registered agent and ag<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I   | ree to a<br>e perfori<br>ed for in | ct in this cap<br>nance of my<br>Chapter 605                          | acity. I further agree to comply with t<br>duties, and I am familiar with and acc<br>5, F.S. Or, if this document is being fil           |  |  |

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

Signature of Registered Agent