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(Requestor's Name)						
(Ad	dress)	,				
(Address)						
(Cit	y/State/Zip/Phone	<u>, #)</u>				
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PICK-UP	WAIT	MAIL.				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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COVER LETTER

TO:

INHS18 (2/14)

TO:	-	stration Section sion of Corporations			
SUBJI	ECT:	Gorman General Contractors, L	LC.		
		Name of Limited Liability Company			
Dear S	ir or N	Madam:			
The en	closed	d Registered Agent/Registered Office C	hange and	d fee(s) are submitted for filing.	
Please	return	all correspondence concerning this ma	tter to the	e following:	
Stacy	/ Eve	rt			
		Name of Person			
Gorm	an G	eneral Contractors, LLC			
		Firm/Company			
200 N	l Mai	n Street			
		Address			
Oreg	on, V	/I 53575			
		City/State and Zip Code			
sever	t@go	ormanusa.com			
E	-mail	address: (to be used for future annual r	eport noti	fication)	
For fur	ther in	nformation concerning this matter, plea	se call:		
Stacy	Eve	rt	(608-835-7099	
		Name of Person	\ <u> </u>	Area Code & Daytime Telephone Number	
	Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following amount:				
	\$ 2	25 Filing Fee	☑ \$	55 Filing Fee & Certified Copy	

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.

Name of the limited liability company: Gorman G	Seneral Contractor	rs, LLC.
200 N Main Street, Oregon, WI 53575	(b), _100	Nom & Organia 53
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4/28/14	M1100	0002185
Date of filing/registration in Florida	4.	Document number
a) Gary J. Gorman		
Registered Agent and Registered Office shown on the record	Is of the Florida Dept. of S	State:
Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<u> </u>
1200 South Pine Island Road		%
Plantation	, FL_33324	AR TH
Ron Swiggum		- FILED
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	PHLED PH 12: 06
NEW Registered Office Address:		_
Same-1200 South Pine Island Road		
Plantation	_{FL} 33324	
e limited liability company is not organized under the change or changes are made, the Florida street address it will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member articles of organization of the operating agreement of	s of the registered of ed liability company, ers of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
nature of a member or authorized representative of a member		Printed or typed name of signee
reby accept the appointment as registered agent and risions of all statutels relative to the proper and compobligations of my position as registered agent as proverely reflect a change in the registered office addressible in writing of this change.	agree to act in this clete performance of noided for in Chapter (s, I hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed nat the limited liability company has been
Das		
ature of Registered Agent		