M1400000 7265

(Requestor's Name)	
(Address)	
(Address)	'1
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	i
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·

Office Use Only



400287335884

07/25/16--01028--015 **25.00

FILED

2016 JUL 25 PM 9: 06

SECRETARY OF STATE
SEC

K.SALY EXAMINER JUL 28

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GBB Carriage Gate SGS 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:				
Rhonda Peirce Name of Person				
Capitol Corporate Services, Inc. (Registered Agent Dept.) Firm/Company				
PO Box 1831				
Address				
Austin, TX 78767				
City/State and Zip Code				
Hatalice grubburger bar.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rhonda Peirce at (800) 345-4647				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\text{Certified Copy}				
TNTIS18 (2/14)				

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

rursud submit Florid	mi to the provisions of sections 603.0114 or 603. is the following statement in order to change it	.u116, rionaa Is registered o	Maiules, ine undersigned in fice or registered agent,	or both, in the State of	_
	me of the Limited Liability Company: GBB Car	riage Gate	SGS LLC		
2. (a)	3740 Copper field Dr. Ste. Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of lir	mited liability company:	
	Bryan, TX 77802				
3.	07/20/2016 Date of filing/registration in Florida	<u>+</u>	M14000007265 Document numb	nor.	
	-	4,	Doddings, Hallio	,,,,	
5. (a)	Case, Delanie Registered Agent and Registered Office shown on the recor	rds of the Florida i	Dept, of State:		
	Registered Office Address	EET ADDRESS)		7 2 2 2 E	
	155 Office Plaza Dr Ste A			2016 JUL SECRET	1
	Tallahassee	, FL 32301		Z5 IAR	-
(b)	Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Regis	dered Office add		PN 3: Y OF SI	ר
	155 Office Plaza Dr Ste A			雪 9	
	NEW Registered Office Address:			,	
	Tallahassee	,FL_32301			
the cha agent v vas/ve	imited liability company is not organized under the inge or changes are made, the Florida street addrestill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the regist ed liability con ers of the limit	ered office and the business npany, it is hereby confirmed ted liability company or as ca ability company.	office of the registered of that the change(s)	
<u>K</u> a	talie			ice	
I herel provisi the obli to mere	ture of a member of authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres I in writing of this change.	d agree to act i plete performa vided for in Cl ss, I hereby car	Printed or typed nar in this capacity. I further as nce of my duties, and I am f hapter 605, F.S. Or, if this nfirm that the limited liabili	-	
Signatur Signatur		-	Assistant Secretary or		
១មើលពេ	re of Registered Agent bef	nalf of Capite	ol Corporate Services,	Inc.	

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