

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVERLETTER

TO: Registration Section

| Division of Corporations | |
|---|--|
| | |
| SUBJECT: GBB Carriage Gate SGS_LLC | 2. 11.120. (2) |
| Name of Lin | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| | |
| Natalie Price | |
| Name of Person | |
| GBB Carriage Gate SGS, LLC | |
| Firm/Company | |
| | • |
| 3740 Copperfield Drive Suite 105 | |
| Address | |
| Bryan, TX 77802 | |
| City/State and Zip Code | |
| | |
| ap@grubburgerbar.com E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter, please c | all: |
| | |
| Natalie Price at (at (at (at (at (at (at (at (at (| 979) 776-0781 ext 109 Area Code & Daytine Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following amount | |
| ☐ \$25 Filing Fee | S55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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.

| 1. Na | me of the limited liability company: GBB Carriage C | Gate SGS, I | -LC | |
|------------------------------|--|---|---|---|
| 2. (a) | 3740 Copperfield Drive Suite 105 | (b) | | |
| (7 , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | ing address of limited liability company: lote: MAY BE POST OFFICE BOX) |
| | Bryan, TX 77802 | | | |
| 3. | October 6, 2014 Date of filing/registration in Florida | | M140000 | 007265 cument number |
| ·. | Date of Himpregistration in Prortio | 4. | 150 | cument number |
| 5. (a) | Capitol Services, Inc Delanie Case | | | |
| | Registered Agent and Registered Office shown on the records of t | he Florida Dep | t, of State; | |
| | 515 East Park Avenue 2nd Floor | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | |
| | | | | |
| | Tallahassee , FL | 32301 | | 17 OC |
| (b) | Eddie Jones | | | 7 OCT 1-0 MM (D) 49 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address | <u>i</u> : | <u> </u> |
| | 300 Duval Street, Ste 503 | | | 03 19 49 |
| | NEW Registered Office Address: | | | ;. W |
| | | | | |
| | Tallahassee, FL_ | 32301 | | |
| the cha agent w was/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registere bility compa f the limited limited liabi | ed office an any, it is he Hiability co | d the business office of the registered reby confirmed that the change(s) on pany or as otherwise provided in by. |
| Signat | ure of a member or authorized representative of a member | | | need or typed name of signee |
| provisi he obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change. | ee to act in t performance I for in Chap sereby confi | his capacite of my duti oter 605, F. on that the | y. I further agree to comply with the es, and I am familiar with and accep S. Or, if this document is being filed limited liability company has been |
| ر Signatur | te of Registered Agent | | | |

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