# MIL 6 00007156

(Red	questor's Name)			
(Add	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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10/02/17--01043--002 \*\*25.00

2017 OCT -3 PM 2: 21

K. SALY OCT - 4 2017 TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, September 26, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

#### For GOLD SHOE PROPERTY SOLUTIONS LLC

We have included payment in the amount of \$25.00 for the following fees:

· Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

## Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

### COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: GOLD SHOE PROPERTY SO	DLUTIONS 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 matte	to the following:				
James R. Amick Name of Person	<del></del> _				
Gold. Shoe Property So	lutions LLC				
3941 Tamiami Trail Unit 3157, PMB 307 Address					
Punta Gorda, FL 33950 City/State and Zip Code					
jim amickægnail com E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please call:					
James R. Amick 11 (941) 787-9848 (cell)					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327				
Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INH\$18 (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. N	ame of the limited liability company: GOLD SHC	E PROPER	RTY SOLUTIONS LLC
2. (a)	3941 TAMIAMI TRAIL, UNIT 3157 PMB 307	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: **INDIE: MAY BE POST OFFICE BON**
	PUNTA GORDA, FL 33950	<u>.                                    </u>	
	09/07/2016		
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BUSINESS FILINGS INCORPORATED		
•	Registered Agent and Registered Office shown on the records of 200 SOUTH PINE ISLAND ROAD	the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2017 OCT -3
	PLANTATION FL	33324	10CT -3
(b)	Registered Agents Inc.		TO P
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2: 2
	3030 N. Rocky Point Dr.		
	NEW Registered Office Address:		<del></del>
	STE 150A	·	<del></del>
	Tampa .FL	33607	
the ch agent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the number of a member or authorized representative of a member	the registered of ability company of the limited liability limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Ames R. Amick Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and agricums of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It does not be writing of this change.  Bill Havre - Assistan	performance of I for in Chapter	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
Signan	ire of Registered Agent	,	

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