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(Ře	equestor's Name)							
(Ad	idress)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	usiness Entity Nar	me)						
(Do	ocument Number)							
Certified Copies	Certificates	s of Status						
Special Instructions to	Filing Officer:							
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COVER LETTER

TO:	Registration Section Division of Corporations	•	• • • • • • • • • • • • • • • • • • •
	G. J. Trautman Enterprises, LD	C	
SUBJ			
		Name of Limited I	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	f fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Georg	ge Trautman		
	Name of Person		<u> </u>
G, J.	Frautman Enterprises		
	Firm/Company		
17202	2 Lakay Place		
	Address		
Tamp	a, FL 33647		
	City/State and Zip Co	de	
trautn	nan.george@gmail.com		
<u>I</u>	E-mail address: (to be used for future	annual report noti	fication)
For fu	rther information concerning this ma	tter, please call:	
Georg	ge Trautman	703	577-()499
	Name of Person	at ()
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee	3 \$	S55 Filing Fee & Certified Copy
INHSI	8 (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	ame of the limited liability company:	G.J.TRAUTMAN EI	NTERPR	RISE	S, LLC			
	G. J. Trautman Enterprises			h)	G. J. Trau	tman Enterprises		
(a)	Principal office address of limited lia (Note: MUST BE STREET A 17202 Lakay Place	bility company:	_ (N 17202 Lak	Mailing address of lim (Note: MAY BE PO		
	Tampa, FL 33647			_	Tampa, FI	.33647	_ 	
	6/13/2017			N	117000005	5()44	•	
-	Date of filing/registration in	Florida	4.	_		Document numbe	er	
. (a)						-		
	Registered Agent and Registered Office show Northwest Registered Agent LLC	vn on the records of th	he Florida	a D	ept. of State	::	2070 J	
	Registered Office Address (MUST BE F. 7901 4th Street N, Suite 300)	LORIDA STREET A	DDRES.	<u>S)</u>			: 	
	St Petersburg		33701				AH	ر س د سست
		, \ \ \ \ _					9: 0	
(b)	Enter name of NEW Registered Agent and/o	or NEW Registered (Office ad	ldre	ess:		7	
	George Trautman		· -		-			
	NEW Registered Office Address: 17202 Lakay Place					•		
	Tampa	. FL	33647			•		
hange gent w /as/we ne arti	imited liability company is not organic or changes are made, the Florida strevill be identical. Or, in the case of a Fore authorized by an affirmative vote cles of organization or the operating a fure of a member or authorized representative	et address of the r Torida limited liab of the members of greement of the li	registere bility co the lim imited l	ed omp nite liab	office and pany, it is d liability pility com- c Trautmar	I the business offi- hereby confirmed company or as o pany.	ce of the red that the citherwise pr	gistered hange(s)
herel rovisi he obli mere	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ly reflect a change in the registered of I in writing of this change.	ed agent and agre	e to act perform for in C ereby co	t in anc Cho onf	this capa se of my d upter 605, irm that th	citv. I further agi uties, and I am fa F.S. Or, if this d he limited liability	ree to comp miliar with ocument is v company	oly with the and accep being filea has been
<u>6</u> Signatur	eve val-ma							