## M180000 10870

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## **COVER LETTER**

то:	P: Registration Section Division of Corporations			
SUBJI	GSA-PENSACOLA, FL-1-DE, LLC			
SUBAL	Name of Limited Liability Company			
Dear S	ir or Madam:			
The er	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Robert CLARK Name of Person			
<u>_</u>	SA-Pensacula FL-1-DE, LLC Firm/Company			
2	10260 DeVowSHiRe CauRT, UNIT #101 Address			
	Bowith SPRings FL 34134 City/State and Zip Code			
-	E-mail address: (to be used for future annual report notification)			
For fu	orther information concerning this matter, please call:			
_£	Name of Person at (508) 284-6967  Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
	\$25 Filing Fee & Certified Copy			
INHS	18 (2/14) Saharate CD Vel7 (3)			

## 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

I. Na	me of the limited liability company: GSA-PENSACOI	.A, FL-1-DE, U.	.(; 
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	26260 DEVONSHIRE COURT, UNIT 101	26260	DEVONSHIRE COURT, UNIT 101
	BONITA SPRINGS, FL 34134	BONI	TA SPRINGS, FL 34134
	11/21/2018	M1800	0010870
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHELL, FLEMING, DAVIS & MENGE		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	2020 JAN SECRLA
	226 PALAFOX PLACE, NINTH FLOOR		
	PENSACOLA, FL	32502	The state of the s
(b)	C T Corporation System		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	7: 34 7: 34
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FL	33324	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of the organization or the operating agreement of the further of a member or authorized representative of a member thy accept the appointment as registered agent and agree	The registered of ability company of the limited liability limited liability ROBERT C	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.  CLARK - Managing Member  Printed or typed name of signee  Connective I further agree to comply with the
provisi the obl to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.  CT Corporation System	perjormance of d for in Chapter hereby confirm	f my duties, and I am familiar with and accep r 605. F.S. Or, if this document is being filed that the limited liability company has been n - Assistant Secretary

Signature of Registered Agent