

PI 6000061353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 MAR -3 AM 11:55
TALAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2017

JASON D JENKINSON
5291 SHADOWLAWN AVE
TAMPA, FL 33610

SUBJECT: GATEWORX INC.
Ref. Number: P16000061353

We have received your document for GATEWORX INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 117A00003142

RECEIVED
17 FEB 28 AM 11:58
DIVISION OF CORPORATIONS
TAMPA, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gate Worx, Inc.
Name of Corporation

DOCUMENT NUMBER: P160000061353

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meghan Remsperger
Name of Contact Person

Gate Worx, Inc.
Firm/Company

5291 Shadowlawn Ave.
Address

Tampa FL 33610
City/State and Zip Code

admin@gateworxaccess.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan Remsperger at (813) 612-4283
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

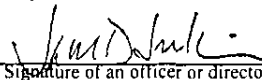
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gate Worx, Inc.
2. The principal office address: 5291 Shadowlawn Ave.
Tampa, FL 33610
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/22/2016 Document number: P16 0000061353
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) TAUSCH, JOSEPH
811 SW 13 AVE.
CAPE CORAL, FL 33991
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Meghan Remsperger
5291 Shadowlawn Ave.
P.O. Box NOT acceptable
Tampa, FL 33610

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Tason D. Jenkinson, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

2/22/17
Date

If signing on behalf of an entity:

Meghan Remsperger
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)