P17000022672

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COVER LETTER

SUBJECT: CONOLEY GGL CONSULTING, INC. Name of Corporation DOCUMENT NUMBER: P17000022672 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: CHARLES CONOLEY Name of Contact Person Firm/Company 410 68TH COURT NW Address BRADENTON, FL 34209 City/State and Zip Code	TO:	Amendment Section Division of Corporations	
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: CHARLES CONOLEY Name of Contact Person Firm/Company 410 68TH COURT NW Address BRADENTON, FL 34209 City/State and Zip Code csconoley@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (SUBJ Name	ECT: CONOLEY GGL CONSULTING, II of Corporation	NC.
Please return all correspondence concerning this matter to the following: CHARLES CONOLEY Name of Contact Person Firm/Company 410 68TH COURT NW Address BRADENTON, FL 34209 City/State and Zip Code	DOC	JMENT NUMBER: P17000022672	
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Firm/Company 410 68TH COURT NW Address BRADENTON, F1, 34209 City/State and Zip Code	СНАВ	LES CONOLEY	
Address BRADENTON, FL 34209 City/State and Zip Code csconoley@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.	Name	of Contact Person	
Address BRADENTON, FL 34209 City/State and Zip Code csconoley@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (• -	
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		Name of Contact Person	at (at () Area Code & Daytime Telephone Number
Mailing Address: Amendment Section Street Address: Amendment Section	Enclos	sed is a \$35.00 check made payable to the	ne Department of State.
(ALIN INDIBARI - MAJIMI) (ALIN INDIBARI - MAJIMI)		Mailing Address:	
Division of Corporations Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flori inge is submitted for a corporation organized under the laws of the State or to change its registered office or registered agent, or both, in the State	of Florida
The name of a The principal	the corporation: CONOLEY GGL CONSULTING, INC. office address: 410 68TH COURT NW BRADENTON, FL 34209	
	nddress (if different):	
4. Date of incorp	poration/qualification: 03/09/2017 Document number: P1700	00022672
	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)	: with the
	QUINLAN, JOHN V, ESQ.	
	601 12TH STREET WEST	
	BRADENTON, FL 34205	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered Michael M. Hamrick	l office
	601 12TH STREET WEST	
	P O Box NOT acceptable BRADENTON, FL 34205	<u> </u>
-	ess of its registered office and the street address of the business office of be identical. as authorized by resolution duly adopted by its board of directors or by ne board, or the corporation has been notified in writing of the change.	
Charles Cono		
-	re of an officer or director Printed or typed name a	
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and a lam familiar with and accept the obligation of my position as registing filed merely to reflect a change in the registered office address, I have been notified in writing of this change.	complete performance ered agent. Or, if this ereby confirm that the
Michael M. F	Hamrick 10/19/2020	
	Haurick 10/19/2020 nature of Registered Agent Date half of an entity:	
ту	yped or Printed Name	

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