F0000000102'

Office Use Only



300021620603

03 JUL 21 PM 8: 21

07/21/03--01070--008 **35.00

Zla Chy.

1/28/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GNA & Associates, Inc. (Name of corporation)
DOCUMENT NUMBER: F00000001027 F
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:
Michael LaPonsie, CFO (Name of person)
GNA & Associates, Inc. (Name of firm/company)
950 Taylor Avenue (Address)
Grand Haven, MI 49417 (City/state and zip code)
For further information concerning this matter, please call:
Mike LaPonsie at (616) 844-6271 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399
* This is the document of ossigned to the not for protest report. The company filed a for Profit Corporation report July 17, 2003 As a last a change in tax status.

CR2E045(07/02)

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

Pursuant to the pro	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.15	008, Florida Statutes,
this statement of cha	ange is submitted for a corporation organized under the laws o	of the State of
<u>Michigan</u>	<u></u> in order to change its registered office or registered agent	, or both, in the State
of Florida.		Dra
1. The name of the	corporation: GNA & Associates. Inc.	RECEIVE
2. The principal offi	ice address: 950 Taylor Avenue	- TVE
 .	Grand Haven, MI 49417	JUL 1 6 2003
3. The mailing addr		BROOKS REHAR
J. The manning addi	, , , , , , , , , , , , , , , , , , , ,	HAVEN, MI
4. Date of incorpora	ation/qualification: 2/25/00 Document number	
	reet address of the current registered agent and registered office	
Florida Departme		on the will the
	eiger, Allen T. Esquire	
	Rogers, Towers, Bailey, Jones & Gay	
	301 Riverplace Blvd, Suite 1500	
-	Tacksonville, FL 32207	
The name and s changed):	treet address of the new registered agent (if changed) and /c	or registered office (if
– <i>i</i>	T Corporation System	
1	200 South Pine Island Road	- many comments
	(P.O. Box or personal mailbox NOT acceptable)	
<u>F</u>	Plantation, FL 33324	
The street address of agent, as changed v	of its registered office and the street address of the business o will be identical.	ffice of its registered
Such change was a	uthorized by resolution duly adopted by its board of directors pard, or the corporation has been notified in writing of the ch	or by an officer so
authorized by inter-	VE Salar VEO Karra SE S	They CEO
Apparature of an officer, char	iritian or vice chairman of the board) (Printed or typed name and	title)
I hereby accept the I further agree to c	appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the prope	acity. er and complete
performance of my	comply with the provisions of all statutes relative to the prope duties, and I am familiar with and accept the obligation of n Or, if this document is being filed merely to reflect a change i	ny position as
office address, I he	Or, if this document is being filed merely to reflect a change i reby confirm that the corporation has been notified in writin	g of this change.
Claude	a T. Noar This	4/03 部 日 〒
· -	rure of Registered Agent) (Date)	LCR SE
If signing on behalf of	an entity: Claudia L. Saari	21 PI
(Турес	or Printed Name) ASSI. Secretary (Capacity)	E P
	* * * FILING FEE: \$35.00 * * *	F S O
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	8: 21 STATE FLORID