H31596

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	∌ #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Law Offices of

Anita L. Barber, P.A.

Anita L. Barber*

*Admitted FL and GA Bars, LL.M. in Taxation Certified Public Accountant 636 West Yale Street
Orlando, Florida 32804
Web Site: www.abarberlaw.com
Telephone: 407-472-0595
Facsimile: 407-472-0594

Richard G. Shanklin Director of Administration

December 8, 2005

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

Re: Gellner Enterprises Incorporated

Dear Sir or Madam:

Please find enclosed a cover letter and a Statement of Change of Registered Office or Registered Agent or Both for Corporations along with my firm's check in the amount of \$35.00 for the filing fee. We are requesting that the registered agent and address be changed to:

Mark A. Gellner 3200 Overland Road Apopka, FL 32703.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

ant 2 Banks

Anita L. Barber

Enclosures

cc: Mark A. Gellner

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Gellner Enterprises Incorporat (Name of Corp	poration)
DOCUMENT NUMBER: H31596	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Anita L. Barber, Esquire (Name of Contact	ct Person)
Anita L. Barber, P.A. (Firm/Comp	pany)
636 West Yale Street (Address	s)
Orlando, FL 32804 (City/State and 2	Zip Code)
For further information concerning this matter, please call	l:
Anita L. Barber (Name of Contact Person)	at (407) 472-0595 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	ent 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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, ange is submitted for a corporation organized under the laws of the State of \underline{Floric} er to change its registered office or registered agent, or both, in the State of Florida	la
1. The name of	the corporation: Gellner Enterprises Incorporated	
2. The principal	office address: 3200 Overland Rd., Apopka, FL 32703	
3. The mailing	address (if different): P.O. Box 608128, Orlando, FL 32860	
4. Date of incor	poration/qualification: 11/28/1984 Document number: H31596	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	Charles D. Wilder	Ö
	NISI OS	
	Winter Park, FL 32789	居 公
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	OS DEC 12 PM 12: 1
	Mark A. Gellner	ATTO ATTO
	3200 Overland Road	SMS
	(P.O. Box NOT acceptable) Apopka, FL 32703	
The street addr	ress of its registered office and the street address of the business office of its registle be identical.	stered agent,
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so
Ma.(Mark A. Gellner, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, as document is be corporation ha	t 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 complete nd I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address, I hereby con us been notified in writing of this change.	performance it. Or, if this firm that the
Mo	d / 12/8/05	
If signing on b	ehalf of an entity:	
((Typed or Printed Name)	

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