L05000004469

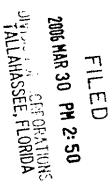
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GELANE, LLC (Name of Limited Liabil	ity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Glenn Lane	
(Name of Person)	<u>۔</u> 2
GELANE, LLC	TALL BY
(Firm/Company)	AR 3
C/o Mendonca & Suarez, LLC	2006 HAR 30 PM 2: 50
(Address)	PLOFF FLORE
505 North Broad Street Elizabeth, NJ 07208 (City/State and Zip Code)	
For further information concerning this matter, please call:	:
Glenn Lane at (772	220-2666
(Name of Person)	(Area Code & Daytime Telephone Number)
Registration SectionRegDivision of CorporationsDiviClifton BuildingP.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	5 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 Florida.

1. The name of the limit	ed liability company	is: GELANE, LLC	
		company is : C/o Mendonca &	Suarez, LLC
505 North Broad Street			
January 14, 2005		L05000004469)
3. Date of filing/registra	tion in Florida	4. Document nu	ımber
5. The name of the regist Florida Department of		gistered office address as showr	on the records of the
•	Corporation Se	rvice Company	
	· · · · · ·	Name	_
	1201 Hays Stree	t	_
Address			
	Tallahassee, FL	32301	AL S
		y, State and Zip	一层雪川
6. The name and address	of the new registered	agent and/or office:	2006 HAR 30 F
	Glenn Lane		PH 2: 50 PH 2: 50 PEE, FLORID
		Name	TPS 22
	9030 One Putt Pl	ace	8- 5
	Florida street addre	ess (P.O. Box NOT acceptable)	DA O
	Port St. Lucie,	FL 34986	•
	City	, State and Zip	
YOU IN A 133 1334			0.D1 - 1.4 - 1.4 1 - 1 1

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)	
Evelyn Lane (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provided the property of the company of the company of the company has been notified in writing of this address. I hereby confirm that the limited liability company has been notified in writing of this	er agree to ny duties, led for in ed office s change.
(Signature of Registered Agent)	-

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00