## 1080053404

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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D. BRUCE
MAY 0 9 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: <u>GFTF, LLC</u> Name of  | Limited Liability Company   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered   | Office Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning  | g this matter to the following:   |
| . Ken Alpert<br>Name of Person   |   |
| Olympia Building Suppli  | es, LLC   |
| 1405 SW gth Street   |   |
| Pompano Black FL.  |   |
| E-mail address: (to be used for future annual report   | lingsuplies. Com  |
| For further information concerning this mat  | ter, please call:   |
| Ken Alpert Name of Person  | at (954) 782-7782  Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the followi  | ng amount:  |
| \$25 Filing Fee  | \$55 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. Name of the   | limited liability company: _  | GFTF,  | LLC  |   |
|--|---|--|--|---|
| 2. (a) Principa  | I office address of limited lia   | ,<br>bility company:   | 2914 South Sheri   | dan Way                                 |
| ( <u>Note:</u>   | MUST BE STREET ADDR   | <u>PESS</u> )  | Svite 301<br>Oakville, Ontario   | <u>CANAPA</u> LL                        |
| (b) Mailing  | address of limited liability co   | ompany:  | 2914 South Sheric  | dan Way                                 |
| ( <u>Note:</u>   | MAY BE POST OFFICE B  | <u>80X</u> )   | Svile 301<br>Oakville Ontario  | CANADAUL                                |
| 5/20   | a/ 0 <i>8</i>   |  | L080000534012  | <u> </u>                                |
| 3. Date of filing  | g/registration in Florida   | 4  | . Document number  | <u> </u>                                |
| 5. (a) Register  | red Agent and Registered Of   | fice shown on th   | ne records of the Florida Dept. of   | State:                                  |
| Register   | ed Agent:   | -  | Patricia Lebow PA  | <del></del>                             |
| Register   | ed Office Address:  | -  | One North Clematic St.   | teef                                    |
|  |   | -  | West Palm Beach, FL 3.   | 3401                                    |
| (b) Enter na   | me of <u>NEW Registered Age</u>   | ent and/or NEW   | Registered Office address:   |   |
| <u><b>NEW</b></u> R  | egistered Agent:  | -  | BANTHOIST BRADR.   | NEISS, Esq.                             |
|  | egistered Office Address:<br><i>BE FLORIDA STREET AL</i>  | ODRESS)  | Senson Mucci + Weist<br>Stall University Drive, #<br>Coral Serings FL  | 102<br>33067                            |
| confirmed that a and the business liability compar of the members or the operating Signature of a member of the printed or typid name than above and the confirmed than a printed or typid name than a printed or typid nam | after the change or changes a soffice of the registered ager by, it is hereby confirmed that of the limited liability compared agreement of the limited liability compared the limited liability compared the office of signee are with and adcept the obligation of the limited liability for if this document is be highly for it is the limited liability. | re made, the Flo nt will be identic t the change(s) v any or as otherw bility company. | ws of the State of Florida, it is he orida street address of the register cal. Or, in the case of a Florida li was/were authorized by an affirm vise provided in the articles of or the case to act in this capacity. I further and complete performance of the case of a registered agent as provided in writing of the has been notified in writing of the | red office mited native vote ganization |
|  | -   | s, P.O. Box 6327   | 7, Tallahassee, FL 32314   |   |