L0700019982

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
1				
		RA		

Office Use Only

APR 3 0 2013 B. KOHR



200247171652

04/29/13--01036--001 **25.00

13 APR 29 PM 12: 12
SECRETARY OF STATE
AND ALACSEE FLORIES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GEM CAPITAL / AMBERLY Name of Limited Liability Co	mpany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing
Please return all correspondence concerning this matter to the fo	llowing:
EANES 7 MUNZEN Name of Person	
GEM CapiTAL / AMBERLY LLC Firm'Company	
1525-1 Amberly Drive	
Tamper FL 33647 Chy. State and Zip Code	
EMUNZEN @ GEMREALESTATE, B 12 E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
ERNEST MUNZEN at (813) 7 Name of Person Area Co	77 - 4494 ode & Daytime Telephone Number
Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box of 2661 Executive Center Circle Tallahassee, Florida 32301	G ADDRESS: on Section of Corporations 6327 ce, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing	ng Fee & Certified Copy

INHS18 (5/08)

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:	GEM Capital /Amberly LLC		
2.	(a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	Y 15251 Amberly Drive Tampa, FL 33647 Same L 070000 19982		
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same Same		
	2/21/07	L 070000 19982 8		
3.	Date of filing/registration in Florida	4. Document number		
5. ((a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	Spiegel and Utrera PA		
		1840 SW 22 nd St, 4 th FL		
	Registered Office Address:	Miami-FL-33145		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)		W Registered Office address: Ernest Munzen		
		15251 Amberly Drive Tampa, FL 33647 FL 37647		
an lia the	the limited liability company is not organized under the infirmed that after the change or changes are made, the I d the business office of the registered agent will be identified to company, it is hereby confirmed that the change members of the limited liability company or as otherwell operating agreement of the limited liability company.	Florida street address of the registered office		
Sig	nature of a member or authorized representative of a member			
	ERNEST MUNZEN inted or typed name of signee			
				
I co an Ci aa	hereby accept the appointment as registered agent and mply with the provisions of all statutes relative to the part of I am familiar with and accept the obligations of my part of the par	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny lias been notified in writing of this change.		
e:				

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

INHS18 (05/08)