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(Re	questor's Name)		
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WAY OR THE P

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GEM Capper Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ERNEST MUNIEN Name of Person		
GEM CapiTAL LL Firm'Company		
15251 amberly 1	Ime	
City/State and Zip Code	3647	
E-mail address: (to be used for future annual report notification	ate org	
For further information concerning this matter, plea		
ERNEST MUNZEN at (C13) 777 -4494 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 following amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

	<u>,`</u>		
*	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: GEV	1 Coystal LCC	
	2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	15251 amberly Devel Tampa FL 37647	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME TO TO	
	2/8/07	L0700001503C	
	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:	Buonès Filings Drc 515 € Park Are	
	Registered Office Address:	515 E. Park Are Tallahasse EL 30301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: ERNEST MUNZEN			
	NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15251 amberly Awê Tamun FL	
	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		
	ERNEST MUNZEN		
	Printed or typed name of signee		
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
	Signature of Registered Agent		

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

INHS18 (05/08)