## 679.766

,		
(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



800074581048

05/15/06--01028--016 \*\*35.00

CHAY 15 PM 1:43
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Marie M

## COVER LETTER

TO: Amendment Section. Division of Corporations			
SUBJECT: G.A.V., Inc. (Name of Corporation)			
DOCUMENT NUMBER: 679766			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Gerald A. Van Alct (Name of Contact Person)			
G.A.V., Inc. (Firm/Company)			
2819 Sapphire Court (Address)			
Tallahassee, Fl 32308 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kay Ackerman at (217) 280 -1018 (Name of Contact Person) (Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department 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			
Proceeding to be the constraint of the second of the secon			

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: G, A, V., Inc.
2. The principal office address: 2819 Sapphire Court
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-25-1980 Document number: 679766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Gerald A VanAlst
10 500 0 1 7
Ft. Mayers F1 33912 = 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Gerald M. Van Alst G.A.V., Inc.
2819 Sapphive Ct. (P.O. Box NOT accordable)
Tallahassee, Fl 32308
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Judith K Ackerman Judith K Ackerman Treas user (Signature of an officer or director)  (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Gignsture of Registered Agent)  5-08-260b (Date)
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)