

763 053

(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:

Office Use Only



000215054740

12/16/11--01044--013 **35.00

RA Rollz

FILED
11 DEC 16 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TH 12 20 11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GulfCoast Business Finance, Inc.
Name of Corporation

DOCUMENT NUMBER: 763053

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:

Ronald L. Reuss
Name of Contact Person

GulfCoast Business Finance, Inc.
Firm/Company

227 2nd Avenue North
Address

St. Petersburg, FL 33701
City/State and Zip Code

rrauss@gulfcoastbiz.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Reuss at (727) 828-8011
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

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: GulfCoast Business Finance, Inc.

2. The principal office address: 227 2nd Avenue North
St. Petersburg, FL 33701

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/29/1982 Document number: 763053

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joseph A. DiVito, Atty.
4514 Central Avenue
St. Petersburg, FL 33711

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William R. Huseman, Esq.
3733 University Blvd. W., Suite 305-A
P.O. Box NOT acceptable
Jacksonville, FL 32217

FILED
11 DEC 16 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

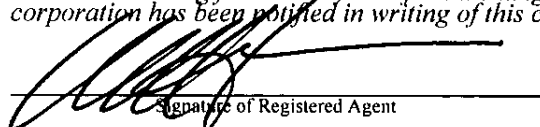
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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.


Signature of an officer or director

Ronald L. Reuss, President
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.


Signature of Registered Agent

12-15-2011
Date

If signing on behalf of an entity:

William R. Huseman
Typed or Printed Name

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