212 South Monroe Street Tallahassee, Florida 32301 MJH Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Mail out Photocopy Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report ☐ Foreign ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

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

the undersigned corporation organized under the laws of the State submits the following statement in order to change its registered the State of Florida.	e of Florida
The name of the corporation: The Gavalas Family Limited Partnership The mailing address of the corporation: 1149 Circle Drive Tallahassee, FL 32302	
4. The name and address of the current registered agent and office	ee:
Van P. Geeker 215 S. Monroe Street, Suite 705 Tallahassee, Florida 32301	······································
5. The name and address of the new registered agent (if changed) an (P.O. Box Not Acceptable)	d/or registered office (if changed):
Van P. Geeker Igler & Dougherty, P.A. 1501 Park Avenue East, Tallahassee, Florida	32301
The street address of its registered office and the street address of agent, as changed, will be identical.	the business office of its registered
Such change was authorized by resolution duly adopted by its boa authorized by the board. (Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)	ECREPARY OF STILLARY SSEE, FLO
Having been named as registered agent and to accept service of particle corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent. Your Hull	and agree to act in this capacity. ve to the proper and complete
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

FILING FEE: \$35.00

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314