

F01000002452

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000241056 3)))



H160002410563ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION, SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Just to retain original filing
date of submission 9/23

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
GCA SERVICES GROUP OF NORTH CAROLINA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

PA Change

Electronic Filing Menu

Corporate Filing Menu

Help

9/28/2016 10:55:36 AM From: To: 8506176380(2/4)
850-617-6381 9/27/2018 8:58:55 AM PAGE 1/001 Fax Server



September 27, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GCA SERVICES GROUP OF NORTH CAROLINA, INC.
1350 EUCLID AVENUE
SUITE 1500
CLEVELAND, OH 44115US

SUBJECT: GCA SERVICES GROUP OF NORTH CAROLINA, INC.
REF: F01000002452

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000236845
Letter Number: 716A00020683

RE-SUBMIT

Please retain original filing
date of submission 9/23

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 North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GCA SERVICES GROUP OF NORTH CAROLINA, INC.
2. The principal office address: 1350 EUCLID AVENUE SUITE 1500 CLEVELAND, OH 44115
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/04/2008 Document number: F01000002452
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)
NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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

Eddie Woods Vice 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.

By: 
Signature of Registered Agent

08/05/2016

Date

If signing on behalf of an entity:

Angel Shearer

Assistant Secretary

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

CR2E043 (03/12)