## F0400004287

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
·	•	
Certified Copies	Certificates	of Status
	_	
<u></u>		
Special Instructions to Filing Officer:		
1		

Office Use Only



400280210184

01/05/16--01008--014 \*\*35.00



300

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: GS & P, INC.

Name of Corporation

DOCUMENT NUMBER

F04000004287

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:

K. DWAYNE WEST

Name of Contact Person

GS&P, INC.

Firm/Company

511 UNION STREET, SUITE 1400

Address

NASHVILLE, TN 37219

City/State and Zip Code

dwayne\_west@gspnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. Dwayne West

,615 ,770

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

	on organized under the laws of the State of TENNESSEE	
	or registered agent, or both, in the State of Florida.	
1. The name of the corporation: GS & P, INC	C	
2. The principal office address: 1400 NASH NASHVILLE, TN 37219	VILLE CITY CENTER, 511 UNION STREET,	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 07/22/	2004 Document number: F04000004287	
<ol><li>The name and street address of the current reg Florida Department of State: (If resigned, enter</li></ol>	ristered agent and registered office on file with the er resigned)	
Resigned: JOE THOM	IPSON E T	
5220 BELFORT ROAD	5220 BELFORT ROAD, SUITE 100	
JACKSONVILLE, FL 3	PSON  O, SUITE 100  2256  ered agent (if changed) and /or registered office	
6. The name and street address of the new register (if changed):	ered agent (if changed) and /or registered office	
MATTHEW G. HARRE	<u>LL</u>	
302 KNIGHTS RUN A	/ENUE, SUITE 900	
TAMPA, FL 33602	Box NOT acceptable	
The street address of its registered office and the changed will be identical.	e street address of the business office of its registered agent,	
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Signature of an officer or director	KENNETH D. WEST, SECRETARY	
hereby accept the appointment as registered a further agree to comply with the provisions of verformance of my duties, and 1 am familiar wit igent. On if this document is being filed merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered to to reflect a change in the registered office address, I otified in writing of this change.	
M	12/09/2015	
Signature of Registered Agent	Date	
f signing on behalf of an entity:    Signing on behalf of an entity:   Signing on behalf of an entity:   Typed or Printed Name	_	

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