

F0700000 2160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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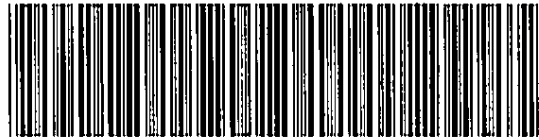
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GIPLEAN, INC
Name of Corporation

DOCUMENT NUMBER: F 07 00000 2160

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:

PETER ANGELOPOULOS, MD
Name of Contact Person

Firm/Company

PO Box 4366
Address

LAKE CHARLES, LA 70606
City/State and Zip Code

DR PETE 222 C E MAIL. WM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER ANGELOPOULOS, MD at (516) 967 6261
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 NY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: G. PEAN INC
2. The principal office address: PO BOX 4366, LAKE CHARLES, LA 70606

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-25-2006 Document number: F 0700 000 2160

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)

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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

X C3 CONDO & HOA MGMT, LLC
13215 SILVER THORN LOOP #4
P.O. Box NOT acceptable
NORTH FORT MYERS, FL 33923

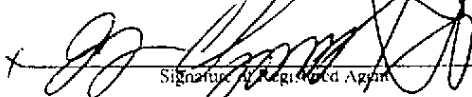
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PETER ANGELOPOULOS, MD
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

X 4/13/19
Date

If signing on behalf of an entity:

X JEFF CHARPENTIER
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 (03/12)

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