## 707000002767

(Requestor's Name)	_
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
<b>,</b>	
SUBJECT: GTP KRAMERICA, LTD. CO.	
(Name of Corporation)	
DOCUMENT NUMBER: F07000002767	
The enclosed Statement of Change of Registered Office/Agent and	I fee are submitted for filing.
Please return all correspondence concerning this matter to the following	owing:
AILEEN SANTIAGO	
(Name of Contact Person	
C.T. CORPORATION OVOTEN	
C T CORPORATION SYSTEM (Firm/Company)	
208 SOUTH LASALLE ST., SUITE 814	
(Address)	
CHICAGO, ILLINOIS 60604	
(City/State and Zip Code	·)
For further information concerning this matter, please call:	
AILEEN SANTIAGO at ( 312	288-3526 a Code & Daytime Telephone Number)
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of Sta	· te.
· ·	
Mailing Address: S Amendment Section A	treet Address: Amendment Section
	Division of Corporations
•	Clifton Building
Tallahassee, FL 32314 . 2	661 Executive Center Circle
T	Callahassee, FL 32301

CR2E045 (8/05)

## ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

=	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingerise submitted for a corporation organized under the laws of the State of
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: GTP KRAMERICA, LTD. CO.
2. The principal	office address: 5500 BENTGRASS DR., SARASOTA, FLORIDA 34235
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 05/24/2007 Document number: F07000002767
	street address of the current registered agent and registered office on file with the tment of State:
	ANTHONY PERADOTTI
	5500 BENTGRASS DR Act 102
	SARASOTA, FLORIDA 34235
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	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 addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
1 Tony (Signatur	Peradoty Tony PERADOTTI PRESIDENT (Printed or typed name and fille)
of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: Oll (Sig	CT Corporation System  12/24/07  nature of Registered Agent)  (Date)
If signing on bel	half of an entity: Jill Duffy-Baricovich Assistant Secretary
	(Poration System  yped 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 (8/05)

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