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To:				
	Division of Cor	porations		
	Fax Number	: (850)617-6380	NT 3S	7074 DEC
From:				\hat{c}
	Account Name	: REGISTERED AGENT SOLUTIONS INC	27.20 27.20	7
	Account Number	: I20100000062	7 T	`-
	Phone	: (888)705-7274	- 85 185	ŗ
	Fax Number	: (888)706-7274	. 19 m² 17 m² 18 m²	:
*Enter	the email address	s for this business entity to be used for	رن ²² ن 1-futume	
		ngs. Enter only one email address please.*		

REGISTERED AGENT CHANGE GULF STREAM COACH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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H24000408458 3

COVER LETTER

TO: Amendment Section

Division of Corporations

UBJECT: GULF STREAM COACH, INC.

Name of Corporation

IMENT NUMBER: F0700004640

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:

Alicia Richards
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alicia Richards at (888) 705-7274
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporation r to change its registered office o	m organized u	nder the lav	vs of the State of $\underline{1}$	ndiana
 The name of t The principal 	the corporation: GULF ST office address: 503 S. OA	REAM (COACH	•	
3. The mailing a	ddress (if different): P. O. E				
5. The name and	I street address of the current reg tinent of State: (If resigned, ente	istered agent a r resigned)	and registere	d office on file wit	
	CORPORATION	SERV	ICE C	<u>JMPANY</u>	
	1201 HAYS STREET				2021 S
	TALLAHASSEE		FL	32301-2525	2024 DEC 12 SECRETAL TALLAHASS
6. The name and (if changed):	I street address of the new registe	ered agent (if c	hanged) and	l/or registered offi	E A
	Registered Agent	Solutio	ns, Inc	·	7: 32 STATE F1 (19)
	2894 Remington Gre				32
	Tallahassee	P.O. Box NOT:	3230	08	
The street addre	ess of its registered office and the identical.	e street addre	ss of the bu	siness office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by it been notified	s board of d in writing o	lirectors or by an of the change.	officer so
1st Philip	S. Sarvari	P <u>hi</u>	lip S. S	Sarvari	President
I further agree t of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a char been notified in writing of this	Call statutes re the obligation we in the regi	ee to act in i	this canacity	
Ma	معان طال	13	2/11/20	124	
Sign	nature of Registered Agent			Date	
If signing on be	half of an entity:				
Mackenzie Hible	er, Assistant Secretary				
	sped or Printed Name				
	* * * FIL	ING FEE: \$3	35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)