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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*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 GILL GROUP, INC.

Certificate of Status	0
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FL

Enter the Fax Audit Number Here COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Gill Group, Inc.

Name of Corporation

OCUMENT NUMBER: F08000002967

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Addres

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

.888 ,705-727<sub>°</sub>

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
Tallahassec, FL 32301

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## FLH1B000181279 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of	MARYLAND
1. The name of t	he corporation: Gill Group, Inc.		
2. The principal	office address: 1904 W. PARKSIDE	LANE #100	
PHOENIX		85027	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/17/2008	Document number: F0800	0002967
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	C T CORPORATION SYSTEM	<u> </u>	ACC.
	1200 SOUTH PINE ISLAND RO	DAD	三三 三二
	PLANTATION, FL 33324		SEE OF
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered of	M 6: 58
	Registered Agent Solutions, In	nc.	
	155 Office Plaza Dr., Suite A		
	P.O. Box NOT a	cceptuble	
	Tallahassee, FL 32301		
The street address changed will	ss of its registered office and the street a be identical.	ddress of the business office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or by an fied in writing of the change.	officer so
Isl Kimber.	loy Gill Rimsza	Kimberley Gill Rimsza	President
I hereby accept I further agree t performance of agent. Or, if the	the appointment as registered agent and o comply with the provisions of all statut my duties, and I am familiar with and ac s document is being filed merely to reflect that the corporation has been notified in	tes relative to the proper and con cept the obligation of my position of a change in the registered offic	nplete n as registered
5	half of an entity:	ĺ'nte	<del></del>
	ell - Assistant Secretary		

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