

F09000002546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

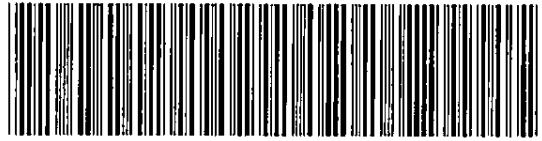
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300419283233

FILED

2024 MAR 18 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 18 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/18/2024
Acc#I20160000072

en: c SW

Name:	GCR, Inc.
Document #:	
Order #:	15444286

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2024

CT CORP

SUBJECT: GCR INC.
Ref. Number: F09000002546

CORRECTED
Please Allow For
Same File Date

We have received your document for GCR INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Corporation on line #1.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 024A00005881

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2024 MAR 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Louisiana
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: GCR INC.
2. The principal office address: 1001 HIGHWAY 190 EAST SERVICE ROAD SUITE 201
COVINGTON, LA 70433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/24/2009 Document number: F09000002546
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 STREET

TALLAHASSEE, FL 32301

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

C T Corporation System

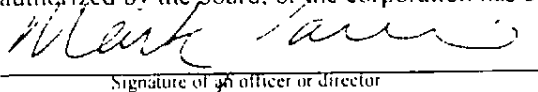
1200 South Pine Island Road

P O Box NOT acceptable

Plantation, Florida 33324

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 officer or director


Mark Paciocco - Secretary

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.*

C T Corporation System

By:



Signature of Registered Agent

3/8/2024

Date

If signing on behalf of an entity:

Olga Hinkel - Vice President

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 (04/13)

FILED
2024 MAR 18 AM 9:10
TALLAHASSEE, FLORIDA
DIVISION OF STATE