

G46085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

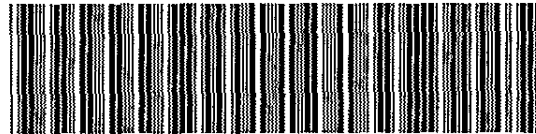
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Gulf South Income Properties, INC.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

Brenda Myers  
(Name of Contact Person)

Gulf South Income Properties, INC.  
(Firm/Company)

8738 International Drive  
(Address)

Orlando, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Myers at ( 407 ) 345-8195  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2006

BRENDA MYERS  
GULF SOUTH INCOME PROPERTIES, INC.  
8738 INTERNATIONAL DRIVE  
ORLANDO, FL 32819

SUBJECT: GULF SOUTH INCOME PROPERTIES, INC.  
Ref. Number: G46085

We have received your document for GULF SOUTH INCOME PROPERTIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 906A00052234

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

1. The name of the corporation: Gulf South Income Properties, INC.

2. The principal office address: 8738 International Drive, Orlando, FL 32819

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/23/83

Document number: CF46085

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Larry E. Myers, Esq.  
8738 International Drive  
Orlando, Fla 32819

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

Brenda Myers

8738 International Drive, Orlando, FL 32819

(P.O. Box NOT acceptable)

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]  
(Signature of an officer or director)

Harvey Estes  
(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.

Brenda Myers  
(Signature of Registered Agent)

8/19/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (8/05)

FILED  
SEP 29 AM 9:09  
STATE OF FLORIDA