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(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:

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4

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

agent, or both, in the state of rioriaa.
1. The name of the limited liability company is: <u>GCM INVESTMENTS</u> , <u>LLC</u> .
2. The mailing address of the limited liability company is: 115 E. Keller Ct.,
Hernando FL 34442
February 27, 2001 L0100003127 3. Date of filing/registration in Florida 4. Document number
5. Date of ming/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Rayi Guliyindala Name
2320 N. St. Johns Pt.
Address Hecnando FL 34442 City, State and Zip
6. The name and address of the new registered agent and/or office:
Frank Margagliano
Name Name Name Name
Florida street address (P.O. Box NOT acceptable)
Hernando FL 34442 City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited hability company.
(Signature of a member or authorized epresentative of a member)
(Signature-of-a member of authorized representative of a member)
Frank Margagliano (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, E.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby chipm that the smited liability company has been notified in writing of this change.
(Signature of Registered Agent) Frank Margagliano
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00