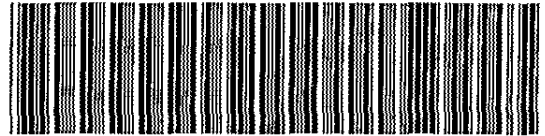


L01000018719

FILED

03 JAN 13 AM 11:53

ADMINISTRATIVE STATE  
TALLAHASSEE, FLORIDA



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01/13/03--01045--002 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03 JAN 13 AM 11:59

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

TO: Amendment Section  
Division of Corporations

SUBJECT: The GTO Group, LLC  
(Name of corporation)

DOCUMENT NUMBER: L01000018719

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:

Eugene CAIAZZO  
(Name of person)

The GTO Group, LLC  
(Name of firm/company)

12839 STANWYCK Circle  
(Address)

TAMPA, Florida 33626  
(City/state and zip code)

For further information concerning this matter, please call:

Eugene CAIAZZO at ( 813 ) 925-3773  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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.

FILED

3 JAN 13 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation: The GTO Group, LLC
2. The principal office address: 12839 STANWYCK Circle  
TAMPA, FLORIDA 33626
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/30/2001 Document number: L01000018719

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

EUGENE CAIAZZO  
12839 STANWYCK Circle  
TAMPA, FLORIDA 33626

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

EUGENE CAIAZZO  
12839 STANWYCK Circle  
TAMPA, FLORIDA 33626  
(P.O. Box or personal mailbox 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 of an officer, chairman or vice chairman of the board)

EUGENE CAIAZZO, MANAGER  
(Printed or typed name and title)  
MEMBER

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.

  
(Signature of Registered Agent)

1-8-03  
(Date)

If signing on behalf of an entity:

EUGENE CAIAZZO  
(Typed or Printed Name)

MANAGER/MEMBER  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314