Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future = annual report mailings. Enter only one email address please.

Email Address:

## LLC REGISTERED AGENT CHANGE GFA CAPITAL MANAGEMENT, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

SEP 0 2 2015

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Help

9/1/2015 9:43:30 AM From: To: 8506176383( 2/3 )

COVER LETTER								
TO: Registration Section Division of Corporations								
SUBJECT: GFA CAPITAL MANAGEMENT, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
JOHN MORAN, ESQUIRE								
Name of Person								
DUNLAP & MORAN, P.A.								
Firm/Company								
P.O. BOX 3948								
Address								
SARASOTA, FL 34230-3948								
City/State and Zip Code								
JMORANSTAFF@DUNLAPMORAN.COM								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
SONNI DELLENBACH 941 366-0115								
Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314								
Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
☐ \$25 Filing Fee & Certified Copy								
INHS18 (2/14)								

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1.	Na	me of the limited liability company: GFA CAPITAL	MANA	GEMENT	, LLC			
2. (	a)	501 NORTH CATTLEMEN ROAD	(b)	(b) 501 NORTH CATTLEMEN ROAD				
\	, .	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_ (5)	Mailing address of limited liability company: (Note: NAY BE POST OFFICE BOX)				-
		SUITE 106	_	SUITE 10	6			
		SARASOTA, FL 34232		SARASO	TA, FL 34232			
		08/19/2002		L0200001	5342		_	
3.		Date of filing/registration in Florida	4.	[	Document number		•	
5.	(o)	GEOFFREY FRAZIER						
٥.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:				
		2080 RINGLING BLVD.		-		<b>™</b> C.	ઝ	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					gening i	SEP	
		FIRST FLOOR			500	1		
		SARASOTA ,FL	34237			66 X) 100 - 1 10 - 1		. <b>7</b> *2
	(b)	JOHN A. MORAN				(1) (1) (1) (1) (2) (2) (3) (4)	AM 8:	
	(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		() = 1   () = 1	=	
		22 S. LINKS AVE.				Tale	*	
		NEW Registered Office Address:						
		SUITE 300						
		SARASOTAFL	34230					
the ago wa the S	che ent v s/w s/w ent ilgne ilgne obi mer lifte	imited llability company is not organized under the law inge or charges are made, the Florida street address of will be identical. Or, in the case of a Florida limited his ere authorized by an firmative vote of the members of icles of organization of the operating agreement of the turn of a number or authorized representative of a member by accept the sepointment as registered agent and agriculture of all statutes relative to the proper and complete ligation of my position as registered agent as provide ely reflect a change in the registered office address, I is a provide the proper and complete the reflect a change in the registered office address, I is a provide the proper and complete the reflect a change in the registered office address, I is a provide the proper and complete the reflect a change in the registered office address, I is a provide the proper and complete the prope	the reginability confirmated	stered office ompany, it is nited liability liability com OFFREY	and the business of hereby confirmed company or as of pany.  A. FRAZIER, M	office of that the herwise IEMBE	f the re e chan provi	gistered ge(s) ded in
		The state of the s	·	a. a. u. t				

Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)