

L030VVVV00202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

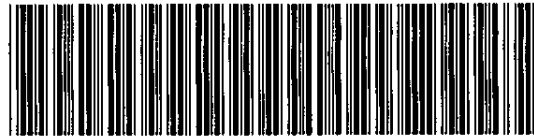
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
10 MAR - 5 PM 2:58  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR - 8 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR - 5 AM 9:08

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 03-05-2010

REF. #: 000173.121042

CORP. NAME: GINAM COLLEY, LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 MAR -5 AM 9:08

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |

OTHER: CHANGE OF AGENT

STATE FEES PREPAID WITH CHECK# 533980 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |

PLAIN STAMPED COPY

Examiner's Initials

**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.

1. Name of the limited liability company: Gina M. Colley, LLC  
2. (a) Principal office address of limited liability company: 565 DEER POINTE RD.  
 (Note: **MUST BE STREET ADDRESS**) WEST CHESTER, PA 19382

(b) Mailing address of limited liability company: 565 DEER POINTE RD.  
 (Note: **MAY BE POST OFFICE BOX**) WEST CHESTER, PA 19382

3. Date of filing/registration in Florida 12/31/2002

4. Document number L03000000202

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Colley-Holgate, Gina M.  
Registered Office Address: 3418 Woodley Road  
Tallahassee, FL 32312

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

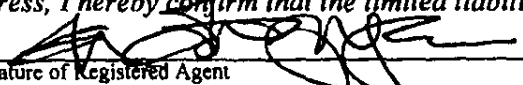
**NEW Registered Agent:** NRAI Services, Inc.  
**NEW Registered Office Address:** 2731 Executive Park Drive,  
(MUST BE FLORIDA STREET ADDRESS) Suite 4  
Weston, FL 33331

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 liability company.

  
Signature of a member or authorized representative of a member

GINA M. COLLEY-HOLGATE  
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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

FILED STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
MAR - 5  
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