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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Corporate Office 7544 Southlake Parkway Jonesboro, GA 30236



Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

GT COMMUNITIES MARKETING OF FLORIDA, LLC

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company for the above limited liability corporation along with our \$25.00 annual fee.

If you have any questions, please contact me at (770) 210-2100 ext. 116.

Sinserely

(Mrs.) Pamela C. Dial Assistant to Gamal Tawfik

/pcd Enclosures

DS FEB -7 AMII: 12

Tel: 770-210-2100

Fax: 770-471-9976 or 4701

Acct. Fax: 678-479-5832





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. The name of the limited	liability company is:	GT COMMIIN	TTTES MARK	ETING OF FLORID	A,
2. The mailing address of t	• • •			lake Parkway	
2. The manning address of t	are infined hability con			-	
			Jonesboro,	GA 30236	 •
July 16, 200			L030000260		
Date of filing/registration	n in Florida	4.	Document num	ber	
5. The name of the register Florida Department of St		ered office add	ress as shown o	n the records of the	
_	Florida Incor	porators,	Inc.		
		Name		_	
_	8875 Hidden R		, Suite 30	0	
		Address			
-	Tampa, FL 336	State and Zip			
c emi		•		TAS: S	
6. The name and address of	the new registered ago	ent and/or offic	e:	ES A	
	Gamal Tawfik				<u>n</u>
-	N N	lame		38.	- 13
	4100 South Fe	rdon Blvd	, Suite C4		T D
	Florida street address	(P.O. Box NO	T acceptable)	05 FEB -7 AM II: 12 SEUN HÁSSEE, FLORID	
	Crestview	FL 325	36	SFEB -7 AMII: 12 ALLAHASSEE, FLORIDA	
-	City, St	ate and Zip		₽	
If the limited liability components of the character the character the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member of authorizations.	ange or changes are ma he registered agent will by confirmed that the liability company or a the limited liability con	ide, the Florida I be identical. change(s) was/ s otherwise pro mpany.	street address on the case of	of the registered office of a Florida limited	of
Gamal Tawfik (Printed or typed name of signee)					
I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Gr. if the address I hereby confirm to		ent and agree to to the proper of of my position led to merely r company has	to act in this cap and complete pe as registered a eflect a change been notified in	pacity. I further agree in informance of my duties gent as provided for in in the registered office writing of this change.	to ,
(Signature of Registered Agent)	Gamal Tawfik	,-, -			
Division	of Corporations, P.C	D. Box 6327, T	allahassee, FL	32314	

FILING FEE: \$25.00