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•	(Requestor's Name)							
	(Address)							
	(Address)							
	(City/State/Zip/Phone #)							
ف	PICK-UP WAIT MAIL							
(Business Entity Name) (Document Number)								
	Special Instructions to Filing Officer:							

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2015 AUG 24 PH 4: 47

J. HAP.RIS

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: GSP-FORT MYERS, L.L.C. Name of Limited Liability Company								
The enclosed Registered Agent/Registered Of	fice Change and fee	(s) are submitted for filing.						
Please return all correspondence concerning the	nis matter to the foll	owing:						
James R. Beuche								
Name of Person								
Hooper Hathaway, P.C.								
Firm/Company								
126 S. Main Street								
Address								
Ann Arbor, MI 48104								
City/State and Zip Code								
cnichols@hh-pc.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter	, please call:							
Christine Nichols	734	662-4426						
Name of Person	_ \	rea Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314						
Enclosed is a check for the following	g amount:							
☑ \$25 Filing Fee	□ \$55 F	iling 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:	YERS,	L.L.C.				
2. (a)	605 S. Main Street, Suite 2		(b) 605 S. Main Street, Suite 2				
()			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Ann Arbor, MI 48104	-	Ann Ar	bor, MI 48104			
	07/31/2003		L030000	028182			
3.	Date of filing/registration in Florida	4.		Document number		,	
5. (a)	Michael C. Gibbons						
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 21775 Sound Way Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ate:			
	Unit 102			. _			
	Estero	33928					
(b)	Michael C. Gibbons Enter name of NEW Registered Agent and/or NEW Registered C	Office add	lress:	- TALLAHA	2015 AUG	Category,	
	NEW Registered Office Address:			SSE	₹ 42		
	Unit 2002				으 곳		
	Estero, FL , FL	33928		LORIDA	S14:47	mand all ex	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regise bility control the limited l	stered officempany, it ited liabil ited liabil	ce and the business office is hereby confirmed that ity company or as other ompany.	ce of the ro it the chan	egistered ge(s)	
<u></u>	Munic Bir	Mic	hael C.	Gibbons, Member			
_	ture of a member or authorized representative of a member		.1.1	Printed or typed name of s	U		
nere provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	e to act perform for in C ereby co	in inis ca ance of my Chapter 60 onfirm tha	pacity. I jurther agree l duties, and I am famili 55, F.S. Or, if this docus I the limited liability coi	o comply ar with an nent is be npany has	wiin the id accept ing filed i been	

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

Signature of Registered Agent