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| PICK-UP                 | WAIT                                    | MAIL        |
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| Certified Copies        | Cortificator                            | of Status   |
| Certified Copies        | Certificates                            | OI 318185   |
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| Special Instructions to | Filing Officer:                         | į           |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  | • • • • • • • • • • • • • • • • • • •   |
|--|---|
| SUBJECT: GCHO, LLC  (Name of Limited)  | d 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 m   | natter to the following:  |
| David E. Horvath, Esq.  (Name of Person)   | ———<br>20   |
| Hurd, Horvath & Ross, P.A.  (Firm/Company)   | SECRETARY 12  |
| 8295 N. Military Trail, Suite A  | PH 2: 48  |
| (Address)  | 2: <b>1</b>   |
| Palm Beach Gardens, Florida 33410 (City/State and Zip Code)  | <b>~</b> ~  |
| For further information concerning this matter, ple  | ase call:   |
| David E. Horvath, Esq. at (Sq. (Name of Person)  | (Area Code & Daytime Telephone Number)  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amo  | ount:   |
| \$25 Filing Fee  | S55 Filing Fee & Certified Copy   |

## 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 limite   | ed liability company is: GC  | CHO, LLC  | . –   |   | <u> </u>                                       |
|---|--|---|---|---|--|
| 2. The mailing address of   | f the limited liability compa  | any is : 208 Canterbury D   | Orive West  |   | <u></u> ,                                      |
| Palm Beach Gardens, I   |  |   |   |   |  |
| June 3, 2004  |  | L04000041639  | ,   |   |  |
| 3. Date of filing/registrat   | ion in Florida   | 4. Document nur   | nber  |   |  |
| 5. The name of the register Florida Department of   | Craig I. Kelley & As  Na  1665 Palm Beach Lal  Add  West Palm Beach, FL  | sociates, PA<br>me<br>kes Blvd., Ste. 1000<br>ress<br>. 33401   | on the recor  | ds of th  | e  |
| 6. The name and address of  | City, Stat   | and/or office:  |   | 2006 MAY  | SECRET<br>NVICTOR I                            |
|   | Nam<br>8295 N. Military Trail,<br>Florida street address (P.<br>Palm Beach Gardens FI<br>City, State   | e<br>Ste. A<br>O. Box NOT acceptable)<br>33410  |   | 12 PM 2: 48   | ASK OL SIVIE<br>SIN SON SIVIE<br>SIN SON SIVIE |
| confirmed that after the cl<br>and the business office of<br>liability company, it is her<br>of the members of the lin  | npany is not organized under<br>hange or changes are made.<br>The registered agent will be<br>reby confirmed that the chan<br>hat of the limited liability con | er the laws of the State of F<br>the Florida street address<br>identical. Or, in the case<br>nge(s) was/were authorize<br>s otherwise provided in the | of the regis<br>of a Florida  | tered of<br>a limited                                   | fice<br>l                                      |
| (Printed or typed name of signee)  I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | intment as registered agent<br>is of all statutes relative to<br>d accept the obligations of<br>his document is being filed<br>that the limited liability co   | and agree to act in this ca<br>the proper and complete po<br>my position as registered a<br>to merely reflect a change<br>mpany has been notified in  | pacity. I fu<br>erformance<br>agent as pro<br>in the regi<br>writing of | orther as<br>of my a<br>vided f<br>stered o<br>this chò | gree to<br>luties,<br>or in<br>ffice<br>inge.  |

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