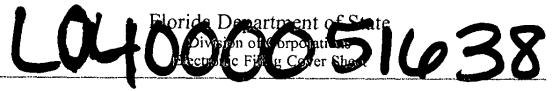
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6393

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future ${\cal P}$ annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE GF INVESTMENT SERVICES, LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
GF Investment Services, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person	
Firm/Company	
. ,	
Address	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please or	રો!:
at (,
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Taliahassee, Florida 32301	Tallahassec, Florida 32314
Enclosed is a check for the following amount	:
□ \$25 Filing Fee	□ \$55 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.

(a)	Principal office address of limited liability company:	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	501 NORTH CATTLEMEN ROAD SUITE 106		(Aute. MAT BE PULL OFFICE BUX)
	SARASOTA, FL 34237		
	07/13/2004	L040(00051638
	Date of filing/registration in Florida	4.	Document number
(a)	MORAN, JOHN A. ESQ.		
	Registered Office Address		of Mate:
	22 S. LINKS AVE. SUITE 300		
	SARASOTA	TL 34230	
	SARASOTA ,, F	TL	ಪ ್ಲಿ
(h)			<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	1
	C.T. Companying Survivos		The state of the s
	C T Corporation System		
	NEW Registered Office Address:		ر چي چي په اور در
	1200 South Pine Island Road		
	Plantation, F	7L_33324	
e cha ent was/we e arti	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the Cim Binder	of the registered of liability company of the limited lia	office and the business office of the register, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signat	upof a member or authorized representative of a member		Printed or typed name of signee
hereb ovisi e obli	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my possition as registered agent as provid ly reflect a change in the registered office address. I'm writing of this change.	gree to act in thu ie performance o ded för in Chaptë I hereby confirm	s capacity. I further agree to comply with of my duties, and I am familiar with and ac er 605, F.S. Or, if this document is being f that the limited liability company has bee

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