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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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W4-12117

## COVER LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: GOSA, LLC (Name of corporation)   |
| DOCUMENT NUMBER: L 04000072117   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.        |
| Please return all correspondence concerning this matter to the following:                            |
| HOWARD B. SANDLER  |
| (Name of contact person)   |
| GOSA, LLC (Firm/Company)   |
| (Firm/Company)   |
| 246 PESARO DRIVE   |
| (Address)  |
| NORTH VENICE, FL 34275 (City/state and zip code)   |
|  |
| For further information concerning this matter, please call:   |
| HOWARD B. SANDLER at (260) 433-7326  (Name of contact person) (Area code & daytime telephone number) |
| (Name of contact person) (Area code & daytime telephone number)                                      |
| Enclosed is a \$35.00 check made payable to the Department of State.                                 |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:



May 31, 2005

HOWARD SANDLER 246 PESARD DRIVE NORTH VENICE, FL 34275

SUBJECT: GOSA, LLC Ref. Number: L04000072117

We have received your document for GOSA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 005A00038667

## 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.

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|---|
| 1. The name of the limited liability company is: 405A, LLC  |
| 2. The mailing address of the limited liability company is: 246 PESARO DRIVE,   |
| NORTH VENICE, FL 34275  |
| 10/4/04 L 0400072117  3. Date of filing/registration in Florida  4. Document number   |
|   |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   |
| HOWARD B. SANDLER   |
| HOWARD B. SANDLER  Name  5301 MAHOGANY RUN #1021  Address   |
| SARASOTA, FL 3424 [ City, State and Zip   |
| 6. The name and address of the new registered agent and/or office:  |
| HOWARD B. SANDLER   |
| HOWARD B. SANDLER  246 PESARO DAIVE   |
| Florida street address (P.O. Box NOT acceptable   |
| • •   |
| NURTH VENICE, FL 34275  City, State and Zip   |
| 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 of authorized representative of a member)  |
| HOWARD B. SANDLER   |
| (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)                       |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)