

LO 5000004688

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

GVC Financial Inc.

Registered Investment Advisor

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Richard B. Crouse, MBA, CFP, EA, CEPA

January 31st, 2005

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

RE: STATEMENT OF CHANGE OF REGISTERED AGENTS

Please find enclosed a check in the amount of \$125 and related forms for change of Registered Agents for the following companies:

The Aaron Lapel Pin and Button Co., LLC L05000004688
REGISTERED AGENT/Manager: Aaron Richards
142 Semoran Blvd., Suite 404
Casselberry, Florida 32707

Lapel Pin Productions, LLC L05000004694
REGISTERED AGENT/Manager: Ross Parker
127 W. Fairbanks Avenue, Suite 465
Winter Park, Florida 32789

Lapel Pins R Us, LLC L05000004700
REGISTERED AGENT/Manager: Caryn Smith
478 E. Altamonte Drive, Suite 108-256
Altamonte Springs, Florida 32701

Pin Depot, LLC L05000004707
REGISTERED AGENT/Manager: Wes Bourne
2200 Winter Springs Blvd., Suite 106-322
Oviedo, Florida 32765

Pin Promotions LLC L05000004715
REGISTERED AGENT/Manager: Jeff York
5840 Red Bug Lake Circle, Suite 35
Winter Springs, Florida 32708

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Sincerely,



RICHARD B. CROUSE

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: The Aaron Lapel Pin and Button Co., LLC

2. The mailing address of the limited liability company is : 142 Semoran Blvd. Suite 404
Casselberry, Florida 32707

1/14/05
3. Date of filing/registration in Florida

L05000004688
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:

RICHARD B CROUSE
Name
978 DOUGLAS AVE, SUITE 102
Address
ALTAMONTE SPRINGS, FL 32714
City, State and Zip

6. The name and address of the new registered agent and/or office:

Aaron Richards
Name
142 Semoran Blvd., Suite 404
Florida street address (P.O. Box NOT acceptable)
Casselberry FL 32707
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]
(Signature of a member or authorized representative of a member)

Aaron Richards
(Printed or typed name of signer)

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]
(Signature of Registered Agent)

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

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