## L050002252

(Re	questor's Name)			
(Ad	dress)			
h4)	dress)			
f, m	u.033)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
···				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
	Jeh	\		
	P			
RA Chary				
0	Office Use Only	,		



600078153626

08/02/06--01041--002 \*\*25.00

O6 AUG 25 PH 12: 40



August 4, 2006

RICHARD M COLBERT 4 LAGUNA STREET STE 101 FORT WALTON BEACH, FL 32548

SUBJECT: GMVW INVESTMENTS, L.L.C.

Ref. Number: L05000022522

We have received your document for GMVW INVESTMENTS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6851.

Letter Number: 706A00048865

Gina McLeod Document Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GMVW Investments, LLC (Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Richard M. Colbert (Name of Person)		
(Firm/Company)	<del>.</del>	
4 Laguna Street, Suite 101		
(Address)	······································	
Fort Walton Beach, FL 32548 (City/State and Zip Code)	<del></del> _	
For further information concerning this matter,	please call:	
Richard M. Colbert a (Name of Person)	t (850 ) 244-0350 (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 a	amount:	
✓ \$25 Filing Fee	\$55 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: GMV	W Investments, LLC		
2. The mailing address o	f the limited liability company	is: 4347 Sunset Beach E	3lvd, Niceville, FL 32578	
3/7/2005	L05000022522			
3. Date of filing/registrat	tion in Florida	n Florida 4. Document number		
5. The name of the registresist Florida Department of		office address as shown on the	he records of the	
	Richard M. Colbert	The second secon	anka manna jaka <u>man</u> a <del>kan</del> gangan	
125 W. Romana Street, Suite 800				
	Addres		Z <sub>S</sub>	
i de la companya di managanta di		SEC.		
	City, State a	nd Zip		
6. The name and address	of the new registered agent an	d/or office:	AUG 25	
Richard M. Colbert			PH 12: 4:0	
Name			S A K	
4 Laguna Street, Suite 101				
	Florida street address (P.O.	Box NOT acceptable)		
	Fort Walton Beach, FL	32548		
	City, State an	d Zip		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	npany is not organized under thange or changes are made, the find registered agent will be increby confirmed that the change nited liability company or as on the limited liability company company or as on the limited liability company.	he laws of the State of Floring Florida street address of the lentical. Or, in the case of a se(s) was/were authorized by therwise provided in the arrange.	ida, it is hereby he registered office a Florida limited y an affirmative vote ticles of organization	

(Stepature of a member of authorized representative of a member)

Harold J. Vucovich

(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