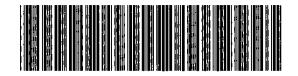
## L05000014559

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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•		COVE	R LET	TER	
	1	· · - ·			
TO:	Registration Section				
	Division of Corporations				
OTTO T	nom C.		ngo o	f Nank	00 II C
SUBJECT: G & G Holdings of Naples, LLC  Name of Limited Liability Company					
	Nam	c of Pillife	u Liauii	nty Con.	ірапу
Dear S	ir or Madam:				
The en	closed Registered Agent/Registe	ered Office	Change	and fee	(s) are submitted for filing.
			_		,,
Please	return all correspondence conce	rning this m	iatter to	the foll	owing:
	Darren Gersch				
	Name of Person			_	
	G & G Holdings of Naple	es. LLC			
	Firm/Company		-	<del></del>	
	137 Forestwood D	r.			
	Address				
Naples, FL 34110				_	
	City/State and Zip Code				
	thegersch@vahoo.d	om			
Е-	thegersch@yahoo.c	report notificati	on)	_	
For fu	rther information concerning this	matter, ple	ase call	<b>l</b> :	
	Darren Gersch	at (	239	)	592-9941
	Name of Person			Area Code	e & Daytime Telephone Number
	STREET/COURIER ADDRESS	:	MA	AILING	ADDRESS:
	Registration Section			gistration	
	Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327					327
	2661 Executive Center Circle		Tal	lahassee,	, Florida 32314
	Tallahassee, Florida 32301				
	Enclosed is a check for the fol	lowing am	ount:		
	√\\$25 Filing Fee			S Eilina	Fee & Certified Conv

## 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. Name of the limited liability company:	of the limited liability company: G & G Holdings of Naples, LLC					
2. (a) Principal office address of limited liability con	mpany: 137 Forestwood Dr.					
(Note: MUST BE STREET ADDRESS)	Naples, Fl. 34110					
(b) Mailing address of limited liability company:	137 Forestwood 5. 5					
(Note: MAY BE POST OFFICE BOX)	Naples, FL 34110					
7/28/2005	L05000074859					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office show	-					
Registered Agent:	Joseph G. Foster					
Registered Office Address:	Porter, Wright, Morris & Authur LLP 5801 Pelican Bay Blvd, Suite 300 Naples, FL 34108					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Inter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Darren Gersch					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	137 Forestwood Dr.					
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL34110					
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	the Florida street address of the registered office					
Darren Gersch						
Printed or typed name of signee						
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.					

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

Signature of Registered Agent

1