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COVER LETTER

TO: Registration Division of	Section Corporations			-
SUBJECT: GCS	S PROPERTIES, L (Name of		ability Company)	
Dear Sir or Madam	ı:			
The enclosed Regis	stered Agent/Registered	Office Cha	nge and fee(s) are submit	ted for filing.
Please return all co	rrespondence concernin	g this matte	er to the following:	
Je	ohn F. Tolson, Jr.			
	(Name of Person)			
John F. To	olson, Jr. Attorney (Firm/Company)	at Law		2006
- 462 Kin	gsley Ave., Suite	101		2006 OCT 16 PM 12: 43
••	(Address)	·		PH
	e Park, FL 32073 (City/State and Zip Code)			12: 43
For further informa	tion concerning this ma	tter, please	call:	
Freda D. Huds	on	at (904	, 269-0050	
(Na	ne of Person)			ne Telephone Number)
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the follow	ing amoun	t :	
✓ \$25 Filin	g Fee		\$55 Filing Fee & Certifi	ied 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 submi agent, or both, in the Sta	ts the following state te of Florida.	ement in order	to change its re	gistered office of	r registered
1. The name of the limit	ed liability company	is: GCS PRO	PERTIES, LLC		<u></u> •
2. The mailing address of	of the limited liability	company is:	1477 BRIDGET	TE WAY	
GREEN COVE SPRIN			_		
EERDIIADV 27 2006			L0600002388	3	
FEBRUARY 27, 2006 3. Date of filing/registration in Florida			4. Document no		
5. The name of the regist Florida Department of6. The name and address	State: LEAGUE & JE 3955 RIVERSID JACKSONVILLE	SPERSON Name DE AVENUE Address E, FL 32205 ty, State and Zi d agent and/or of ON, JR. Name	p office:	on the records o	of the 2006 OCT /
	Florida street addr	ress (P.O. Box]	NOT acceptable)		1.00 [38]
	ORANGE PARK	 			TANKED 16 PM
If the limited liability conconfirmed that after the cand the business office of liability company, it is not the members of the lip or the operating agreement (Signature of a member of author) BEVERLY DEENA BO (Printed or typed name of signed I hereby accept the approximately with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	mpany is not organize thange or changes are f the registered agent creby confirmed that the mited liability compaint of the limited liability of the limited liability of a merodatal confirmed that the limited liability of the liability of	e made, the Flowill be identice the change(s) will be identice the change (s) will be identice the change (s) will be identiced the change (s) will be identiced the change (s) will be identiced to the change (s	ws of the State of rida street addres al. Or, in the cas vas/were authoriz vise provided in t	Florida, it is her is of the registers be of a Florida lin ged by an affirma he articles of org	d office nited tive vote ranization
Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	this document is being this document is being that the limited liab	ing filed to mere	ly reflect a change ias been notified	re in the registere in writing of this	of office change.

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