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Certified Copies	Certificates	s of Status <u>e toes</u>		
Special Instructions to Filing Officer:				
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Office Use Only



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TILTU 2009 NOV 16 AM 11: 09 SECRETARY OF STATE

M. THOMAS

NOV 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT:		ateway, Ll		
	Name of Limited	Liability Co	mpany	
Dear Sir or Madam:				
The enclosed Registered Agent	/Registered Office C	hange and fe	ee(s) are submitted for f	iling.
Please return all correspondence	e concerning this ma	tter to the fo	llowing:	
Alan C. C	harron		_	7 20
Name of Pe	rson) (SECOND TO
The Gatew				2009 NOV 16 AM 11: 09 SECRETARY OF STATE TAILLAHASSEE, FLORIGH
Firm/Compa	any			照是
				FLE
2345 W. Sand Lake	e Rd., Suite 100			를 9
Address				7
Orlando E	1 22000			
Orlando, F City/State and Z				
bill elen@realproperty	renacialists com			
E-mail address: (to be used for futu	re annual report notification	<u> </u>		
For further information concern	ing this matter, pleas	se call:		
Alan C. Charron	at (407)	812-8000	
Name of Person		Area Co	de & Daytime Telephone Num	ber
STREET/COURIER AD	DRESS:	MAILING	G ADDRESS:	
Registration Section		Registratio		
Division of Corporations		Division o	f Corporations	
Clifton Building		P.O. Box 6		
2661 Executive Center City		Tallahasse	e, Florida 32314	
Tallahassee, Florida 3230	1 			
Enclosed is a check for	the following amou	ınt:		
\$25 Filing Fee	· .	\$55 Filir	ng Fee & Certified Copy	v

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:	The Gateway, LLC		
2. (a) Principal office address of limited liability compan	y: 2345 W. Sand Lake Rd., Suite 100		
(Note: MUST BE STREET ADDRESS)	Odordo El 22000		
	Orlando, FL 32809		
(b) Mailing address of limited liability company:	2345 W. Sand Lake Rd., Suite 100		
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32809		
11/30/06	L06000114791		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Alan C. Charron		
Registered Office Address:	6700 Conroy Rd., Suite 2302 宝		
	Orlando, FL 32835		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	Alan C. Charron		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2345 W. Sand Lake Rd., Suite 100		
(MUSI BE PLONIDA STREET ADDRESS)	Orlando ,FL32809		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office		
Alan C. Charron	_		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my particle of the providing of	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.		
Signature of Registered Agent			