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SECRETARY OF STATE

AUG 16 AM 10:

(Name of Elimited Elability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	
Greg Withe (Name of Person) GTFM LCE (Firm/Company)	07 AUG 16 AH 10: 36 SECRETARY OF STATE TALL AHASSEE, FLORIDA
330 ELIZABETH ST (Address)	: 36 TATE PRIDA
KEY WEST IF (3304) (City/State and Zip Code)	

(Name of Person) at (305) 849-1057

(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 amount:

For further information concerning this matter, please call:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

TO:

Registration Section
Division of Corporations

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: GTFM LLC	
2. The mailing address of the limited liability company is: 330 ELIZABETH ST	•
	·
KEY WEST FL 33040	·
12/06/06 3. Date of filing/registration in Florida 4. Document number	128
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State: Gresory Anthony Wythe Name 330 67/12067h ST Address Sey West FL 33040 City, State and Zip Richard Weill State State State State State City State State State State State State State State State State State State State State State State State State State State State State Stat	
If the limited liability company is not organized under the laws of the State of Florida, it is her confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida limitability company, it is hereby confirmed that the change(s) was/were authorized by an affirmation of the members of the limited liability company or as otherwise provided in the articles of orgor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed of typed hame of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of a and I am familiar with and accept the obligations of my position as registered agent as provided address, I hereby confirm that the limited liability company has been notified in writing of this	d office nited tive vote anization

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