(Re	equestor's Name)
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PICK-UP	WAIT MAIL
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(Bi	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GPS Francia (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
IRIS Garcia (Name of Person) GPS Financia LLC (Firm/Company) 4805 Independence Parkway (Address) Tampa Fl 33634 (City/State and Zip Code)	
For further information concerning this matter, please call:	
RIS Garda at (813) 610-0707 (Name of Person) (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:	
\$25 Filing Fee \$\square\$ \$25 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

508, Florida Statutes, the undersigned limited liability hange its registered office or registered agent, or both,
Financial UC
Tampa, Fl 33634 Kw Steasor
1805 Independence Pkwy Ste250.B tampa, Fl 33634
L07000004576 4. Document number
on the records of the Florida Dept. of State:
IRIS R GARGIA TI
4805 Independente Physte250B
NEW Registered Office address:
Angel Garcia
Tampa ,FL 33L034
he laws of the State of Florida, it is hereby confirmed treet address of the registered office and the business he case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited es of organization or the operating agreement of the

(Signature of a member or authorized representative of a member)

(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 imited 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