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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| Certified copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: SUS PENSION 1/C (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: | | |
| Gary W. Buecker (Name of Person) | | |
| GPS Suspension LLC (Firm/Company) | | |
| 2725 Bertley CT | | |
| Dritave, I=C 3273P (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Person) at (386) 789-821((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 | | |

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: | Suspension LC | |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | y: 2715 Bentley CT Dectonal FLV 31732 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 27d Sev Huy CT Pectova, Fi 3273) | |
| 2/16/07 3. Date of filing/registration in Florida | <u>LO7000018390</u> 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | Gary Buecker | |
| Registered Office Address: | 2725 Bentley CT Dectang FLD 3273p | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| NEW Registered Agent: | Gary Bucker | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2725 Bentley Ct Deltona FL. FL32738 | |
| If the limited liability company is not organized under the hat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charges confirmed that the change(s) was/were authorized by iability company or as otherwise provided in the articles of imited liability company. Signature of a member or authorized representative of a member) | laws of the State of Florida, it is hereby confirmed address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited forganization or the operating agreement of the | |
| Printed or typed rune of signee) | _ | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- im familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as proyided for in Chapter 608, change in the registered office address, I hereby I in writing of this change. | |
| (Signature of Rogistered Agent) | | |
| | 6327 Tellahassee FI 32314 | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | |

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