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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2015

WENDY DEMING GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL SOUTH VENICE, FL 34285

SUBJECT: AAB GCSI, LLC Ref. Number: L07000093835

We have received your document for AAB GCSI, LLC and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please only (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 315A000% 48.

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		ma of Limite	ed Liability Company	
	Na	me of Limite	ed Diability Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted fo	er filing.
Please	e return all correspondence concerning t	his matter to	the following:	
Wen	dy Deming			
	Name of Person			
Gulf	Coast Community Foundation			
	Firm/Company			
601	Tamiami Trail South			
	Address		— 11 10 10 10 1	•
Veni	ce, FL 34285			2015 SEP SECRETA TALLAHAS
	City/State and Zip Code			SEP SETA HAS
wder	ming@gulfcoastcf.org			SEP -3 A I
	E-mail address: (to be used for future ar	inual report	notification)	FS
For fu	orther information concerning this matte	r, please call	:	A 10: 03 F STATE FLORIDA
Wen	dy Deming	9 41 at (486-4611)	
	Name of Person	·	Area Code & Daytin	ne 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 3231	
	Enclosed is a check for the following	g amount:		
	□ \$25 Filing Fee	Ţ	☐ \$55 Filing Fee & Certifi	ed Copy .

INH\$18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

rioria	<i>x</i> .
1. Na	ame of the limited liability company: AAB 6CS1, UC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Source Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Venice, FC 34285
3.	1/1412009 L07000093835 Date of filing/registration in Florida 4. Document number
	Tool All
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Venice, FL 34285
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 240 South Drugapple Ave. 10th Flowers NEW Registered Office Address
	Sarasota, FL 34236
the cha agent was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authofized representative of a member Dender Den Mg Printed or typed name of signer
I here provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.

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

of Registered Agent