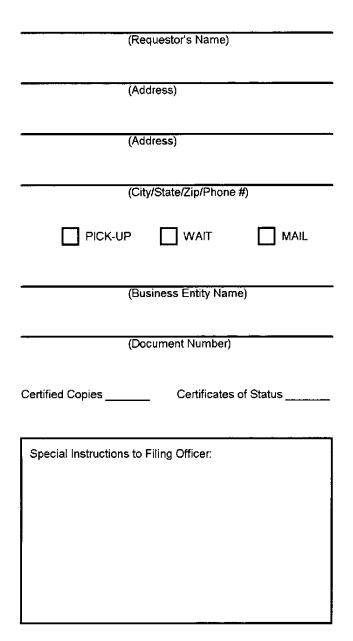
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Office Use Only



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SEURLAND SEE FLORIDA

B. BOSTICK SEP **2 0** 2011

EXAMINER

COVER LETTER

| Division of Corpor | | | | | | | |
|---|-----------------------------|---------------|---|------------------|-------------------|--------------------|--------|
| SUBJECT: | | | 700, LLC | | | | |
| | Name of L | imited L | iability Cor | npany | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered A | gent/Registered C | office Cha | ange and fe | e(s) are submitt | ed for filing. | | |
| Please return all correspon | dence concerning | this matt | er to the fol | lowing: | | | |
| | e L. Schrenk | | | | | | |
| Name | of Person | | | | | | |
| | S 700, LLC Company | | | | | | |
| 4951 Gulf Shore | Blvd. N., LePare | c 803 | | | TALLAHASSE | 11 SEP 19 PN 3: 10 | e Anne |
| | s, FL 34103 and Zip Code | | | | Ęn. | 9 PM | |
| · | | | | | S IATE FLORIDI | 3: <u> </u> | ** |
| gschrenk@ E-mail address: (to be used fo | r future annual report no | otification) | <u> </u> | | I.S | | |
| For further information cor | ocerning this matte | er, please | call: | | | | |
| Kim Cunning | | at (<u>6</u> | (10) | 593-2 | | | |
| STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 2 | R ADDRESS: ons er Circle | | MAILING Registration Division of P.O. Box 63 | Corporations | ione Number | | |
| Enclosed is a check | ς for the followin | g amoun | t: | | | | |
| \$25 Filing Fee | | Г | \$55 Filing | g Fee & Certific | ed Copy | | |

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.

| Name of the limited liability company: | G & S 700, LLC | | | | | |
|---|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability cor | npany: <u>4951 G</u> | 4951 Gulf Shore Blvd., N. | | | | |
| (Note: MUST BE STREET ADDRESS) | LeParc 803 Naples, FL 34103 | | | | | |
| (b) Mailing address of limited liability company: | | hore Blvd., N. | | | | |
| (Note: MAY BE POST OFFICE BOX) | LeParc 803 Naples, FL 34103 | | | | | |
| 04/02/2008 | L08000 | 0033417 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office show | n on the records of the Flori | ida Dept. of State: | | | | |
| Registered Agent: | Rollnick, Neil S Esc | Rollnick, Neil S Esq. | | | | |
| Registered Office Address: | | 2525 Ponce de Leon Blvd | | | | |
| | <u>Suite 400</u> Miami, FL 33134 | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| (b) Enter name of NEW Registered Agent and/o | r NEW Registered Office a | iddress: | | | | |
| NEW Registered Agent: | George L. Schrenk | George L. Schrenk | | | | |
| NEW Registered Office Address: | 4951 Gulf Shore Blvd., N. | | | | | |
| (MUST BE FLORIDA STREET ADDRESS) | <u>LeParc 803</u> Naples | ,FL34103 | | | | |
| If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability considered in member or authorized representative of a member. George L. Schrenk | the Florida street address of identical. Or, in the case of nge(s) was/were authorized to otherwise provided in the ampany. and agree to act in this capa the proper and complete per per and complete per and co | the registered office fa Florida limited by an affirmative vote rticles of organization ALLAN SEP OF THE PROPERTY OF THE PROP | | | | |
| Signature of Registered Agent | | | | | | |