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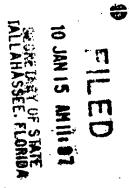
(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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COVER LETTER

Division of Corporations			
SUBJECT:	GIC Properties, LLC		
Name of	f 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 concernir	ng this matter to the following:		
Clyde M. Graves			
Name of Person	·		
GIC Properties, LLC Firm/Company			
7635 Windover Way			
Titusville, FL 32780 City/State and Zip Code			
cgraves14@cfl.rr.com E-mail address: (to be used for future annual report	rt notification)		
For further information concerning this ma			
Clyde M. Graves	at (321)267-1154		
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	\$55 Filing Fee & Certified 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.

1. Name of the limited liability company:	GIC Properties, LLC	<u> </u>
2. (a) Principal office address of limited liability compan	ıy:	
(Note: MUST BE STREET ADDRESS)	4205 Hood Ave. Titusville, FL 32780	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	4205 Hood Ave. Titusville, FL 32780	
April 23, 2008	<u>L08000040</u> 8	388
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	Fish See:
Registered Agent:	Clyde M. Graves	全量 "可
Registered Office Address:	4205 Hood Ave. Titusville, FL 32780	SS 5 F
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office addres	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7635 Windover Way	
	Titusville	,FL <u>32780</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida etrapt address of the re	acistored office
Clyde M. Graves Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my point that the limited liability companies of the province of t	agree to act in this capacity. Oper and complete performa osition as registered agent as erely reflect a change in the r ty has been notified in writing	I further agree to nce of my duties, provided for in egistered office y of this change.

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