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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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'Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	,
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SECRETARY OF STATE
SECRET

S. HAWKES
AUG 1 8 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: G&S F	inishes, LLC		
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
George Southards			
Name of Person			
G&S Finishes, LLC			
Firm/Company			
	•		
470 N.E.37th Street			
Address			
Boca Raton, Florida 33431			
City/State and Zip Code			
. /			
GSFINISH@AOL.COM			
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, plea	ase call:		
George Southards at (561) 707-9802		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
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.

Name of the limited liability company:	G&S Finishes, LLC	
2. (a) Principal office address of limited liability compar		t
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33431	
(b) Mailing address of limited liability company:	George Southards	
(Note: MAY BE POST OFFICE BOX)	470 N.E.37th Street Boca Raton, Florida 33431	
MAY 14, 2008	L08000048336	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of Stat	
Registered Agent:	Doreen Wallace	09
Registered Office Address:	Corporation Service Company 1201 Hays Street Tallahassee, Fl. 32301	09 AUG 17 PH
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:	50
NEW Registered Agent:	George Southards	器 2
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	470 N.E.37th Street	
MUST DE FLORIDA STREET ADDRESS	Boca Raton ,FL 33	431
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	e laws of the State of Florida, it is hereby Florida street address of the registered on tical. Or, in the case of a Florida limite s) was/were authorized by an affirmative erwise provided in the articles of organizary.	office office od e vote zation
Signature of a member or authorized representative of a member		
George Southards Printed or typed name of signee I hereby accept the appointment as registered agent and	 agree to act in this capacity. I further a	agree to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my plant Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	roper and complete performance of my osition as registered agent as provided jurille registered in the registered in the registered in has been notified in writing of this ch	auties, for in office ange.
Signature of Registered Agent		

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