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2009 JUN 15 AM 9: 42

SECRETARY OF STATE

A. LUNT

JUN 1 7 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THE GEBELHOFF GROUP OF COMPRNIES, LLC  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 GEBELHOFF Name of Person
THE GEBELHOFF GROUP OF COMPONIES, LLC Firm/Company
THE GEBELHOFF GROUP OF COMPONIES, LLC  Firm/Company  ZEIY TAMIAMI TRAIL NORTH # 331  Address  NAPLES, F. 34103  City/State and Zip Code
NAPUES, IC 34103 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GARY GEBELHOFF at (321) 439 - 1618  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

INHS18 (5/08)

## 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.

g.,,	
1. Name of the limited liability company: THE GE	BELHOFF GROUP OF COMPANIES
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	420 QUAIL FOREST BLUD #618 NAPLES, FL 34105
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	NAPLES, FL 34103
2/200 8 3. Date of filing/registration in Florida	L0800054404  4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	GARY GEBELHOFF
Registered Office Address:  * PLEASE USE SAIDUE FOR MAIL.	420 QUAL FOREST BLVD # 618 NOPLES FL 3 PARS
(b) Enter name of NEW Registered Agent and or NE	W Registered Office address
NEW Registered Agent:	NA SAME ALENT
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	420 QUALL FEET BUD # 618 NAPUS FL ST FEE 34105
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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	llarida streat address of the registered office
Signature of a member or authorized representative of a member	
FARY GEBELHOFF Printed or typed name of signee	_
I hereby accept the appointment as registered agent and occupily with the provisions of all statutes relative to the prand I am familiar with and accept the oligations of my poccupied to the prand I am familiar with and accept the state of the prand Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited Hability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, some as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent