

L100000004159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

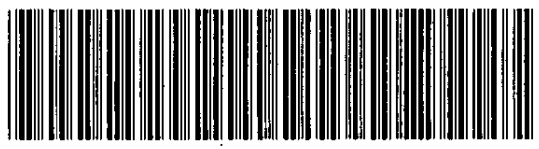
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL -7 PM 2:20

NO \$ T. HAMPTON

JUL - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gateway Resort Services 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:

Tiffany Eaton
Name of Person

Cove and Associates
Firm/Company

225 South 21st Ave
Address

Hollywood, FL 33020
City/State and Zip Code

patch.pcs@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Eaton at (954) 921-1121
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 30, 2010

TIFFANY EATON
COVE AND ASSOCIATES
225 S 21ST AVE
HOLLYWOOD, FL 33020

SUBJECT: GATEWAY RESORT SERVICES LLC
Ref. Number: L10000004159

We have received your document for GATEWAY RESORT SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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 call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00016029

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: Gateway Resort Services LLC

2. (a) Principal office address of limited liability company: 401 N. Federal Hwy Ste 485
 (Note: **MUST BE STREET ADDRESS**) Pompano Bch, FL 33064

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**) 10 Fairway Drive Suite 144
Deerfield Bch FL 33441

3. Date of filing/registration in Florida
01/12/2010

4. Document number
LI 0000004159

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Tina White
Registered Office Address: 4674 Holiday Circle S.
West Palm Bch, FL 33415

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Tina White
NEW Registered Office Address: 10 Fairway Dr Suite 144
(MUST BE FLORIDA STREET ADDRESS) Deerfield Bch, FL 33441

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tina White
Signature of a member or authorized representative of a member

Tina White
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tina White
Signature of Registered Agent

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL -7 PM 2010