W0000036380

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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S. HAWKES

JUN 1 8 2010

EXAMINER

COVER LETTER

TC جر ِ		on Section of Corporations				1		
sı	SUBJECT: GBA PARTNERS, LLC							
		Name	of Limited	Liabil	ity Co	ompany		
De	ear Sir or Mada	m:						
Th	e enclosed Reg	istered Agent/Registere	ed Office C	hange	and f	ee(s) are submi	tted for filing	g.
·Ple	ease return all c	orrespondence concern	ing this ma	tter to	the fo	ollowing:	,	
			. *			- 1	- "	
		Lisa Cabrera						
_		Name of Person						
	\	/andeventer Black LL	Р			•		
_		Firm/Company			_			
	101 W M	ain St., 500 World Tra	ada Cantai	r		,		
	101 44. 101.	Address	ade Cernei					
		*!					,	
	Norfolk	VA	23510					
	NOTION	City/State and Zip Code	20010					
	•	•				i .		
	E-mail address: (to be used for future annual rep	ort notification)	_	1		
~ Eo	er further inform	nation concerning this n	ootter plans	a aa11				
- 10	i initialei iiioini	nation concerning this n	nanci, picas	se can	• '			
		sa Cabrera	at (<u>757</u>	_)		8544	
	Nar	ne of Person			Area Co	ode & Daytime Tele	phone Number	
	STREET/O	COURIER ADDRESS:		MA	ALIN	G ADDRESS:		
	Registration Section Registration Section							
		Corporations	,			of Corporations		
	Clifton Bui				Box ²	,		
·		ntive Center Circle e, Florida 32301		Tal	lahasse	ee, Florida 32314	ŀ	
•	Enclosed	is a check for the follo	wing amou	ınt:				
	✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy				fied 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.

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1. Name of the limited liability company:	GBA PARTNERS, LLC			
2. (a) Principal office address of limited liability compa	my:			
(Note: MUST BE STREET ADDRESS)	17380 DUNEDEN CT BOCA RATON, FL 33496			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	17380 DUNEDEN COURT BOCA RATON, FL 33496			
04-05-2010	L10000036380 4. Document number			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of Registered Agent:	4. Document number on the records of the Florida Dept. of State: RANDY SHAPIRO			
Registered Office Address:	17380 DUNEDEN COURT BOCA RATON, FL 33496			
NEW Registered Agent: NEW Registered Office Address:	S & S Management Enterprises, Inc. 17380 DUNEDEN COURT			
(MUST BE FLORIDA STREET ADDRESS)	BOCA RATON ,FL33496			
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. Signature of member of authorized representative of a member				
RANDY SHAPIRO, Authorized Representative Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of the confirmation of the composition of the confirmation of the composition of the confirmation of the confir	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.			
Signature of Registered Agent (By Randy Shapiro, President of S & S Management Enterprises, Inc.)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00