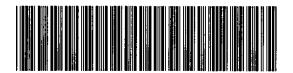
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SECRETARY OF STATE
ALLAMASSES ELOPROA

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT. GDG PROPERTIES OF ST. PETERSBURG, 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:

John M Garrity II

Name of Person

GDG Properties of St. Petersburg, LLC

Firm/Company

3225 S. MacDill Ave, Suite 129-249

Address

Tampa, FL 33629

City/State and Zip Code

jgarrityii@thegdg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M Garrity

_813 \ 252-4878

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: GOO Proporties of St. Potentsburg, LLC 2. (a) Principal office address of limited liability company: 196 Coylon Ava. (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (c) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) September 16, 2010 3. Date of filing/registration in Florida 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Agent: Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS) 198 Coylon Ava Tampa, FL 33506 198 Coylon Ava Tamp			
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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, B.S. Of it 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.	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 the accept the obligations of my pockapter 608, D.S. Of it this document is being filed to me address I hereby confirm that the limited liability company.	agree to act in this capaci oper and complete perfor osition as registered agen erely reflect a change in to sy has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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