L11000000/083

(Requestor's Name)				
(Address)				
(Address)				
(laulises)				
(Ch. Obstat 77 v (Dhana 49)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartified Conies Cartificates of Status				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status Special Instructions to Filing Officer:	_ _			
Special Instructions to Filing Officer:				

Office Use Only

EXAMINER



600210823956

08/17/11--01009--011 **25.00

ZOII AUG 17 EM ED IDA

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ		perty Management, L.L.C. Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to the following:		
	Stephen C. Muffler, Esquire Name of Person	2011 AUG 17 PM SP \$1 SECRETARY OF STATE TALLAHASSEE. FLORIE		
	Stephen C. Muffler, P.A. Law Offices	———		
	Firm/Company	A		
	2810 East Oakland Park Blvd. Suite 102 Address	<u> </u>		
	Fort Lauderdale, Florida 33306 City/State and Zip Code scmuff@msn.com mail address: (to be used for future annual report notification	n)		
For fu	rther information concerning this matter, plea	se call:		
	Stephen C. Muffler, Esquire at (954) 882-5448 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: Gibson G	Group Property Management, L.L.C.			
2. (a) Principal office address of limited liability compan	y: 2810 East Oakland Park Blvd.			
(Note: MUST BE STREET ADDRESS)	Suite 200 Fort Lauderdale, Florida 33306			
(b) Mailing address of limited liability company:	2810 East Oakland Park Blvd.			
(Note: MAY BE POST OFFICE BOX)	Suite 200 Fort Lauderdale, Florida 33306			
01/03/2011	L11000001083			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on				
Registered Agent:	William M. Karney			
Registered Office Address:	915 Middle River Drive Suite 506 Fort Lauderdale, Florida 33304			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:			
<u>NEW</u> Registered Agent:	Stephen C. Muffler, Esquire			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Law Offices 2810 East Oakland Park Blvd. Suite 102 Fort Lauderdale ,FL 33306			
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 idenliability 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. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Richard T. Gibson, MGRM				
Printed or typed name of signce				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this dogument is being filed to me address, Engreby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			
Signature of Kegistered Agent Distinguishers of Corporations D.O. Box 62	27 Tallahagasa El 22214			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				