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(Requestor's Name)		125	
(Address)	60	00252566	806
(City/State/Zip/Phone #)		10/17/1301008	·007 **25.00
(Business Entity Name) (Document Number)	•		
Certified Copies Certificates of Status		Allinas ar i Okon	2013 OCT 17 AM 8: 07

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

STIRLEGT. GDG PROPERTIES OF ST. TAMPA BAY, 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 Tampa Bay, 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

_{., 6}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

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.

1. Na	me of the limited liability company: GDG Properties of Tamp	a Bay, LLC			
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)		196 Ceylon Ave. Tampa, FL 33606			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3225 S. MacDill Ave Suite 129-249 Tampa, FL 33629			<u>-</u>
February		L11000019282			
3. Dat	te of filing/registration in Florida	1. Document number			
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dep	t. of Sta	ate:	
	Registered Agent:	John M Garrity			
Registered Office Address:	7 Windward Island Clearwater, FL 33767	<u> 4</u>	2013	_	
			324	-8	
(b)	Enter name of NEW Registered Agent and/or NEW	/ Registered Office address	۳ خو. د ۴		
	NEW Registered Agent:	John M Garrity II		显	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		196 Ceylon Ave Tampa, FL 33606	10 A		
			,FL		
confirr and the liabilit the me the ope	imited liability company is not organized under the la ned that after the change or changes are made, the Flore business office of the registered agent will be identically company, it is hereby confirmed that the change(s) we mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regi	istered	office ted	of
John M G					
I herei comply and I a Chapte address	or typed name of signee by accept the appointment as refistered agent and age is with the provisions of all statiles relative to the provisions of all statiles relative to the provisions of my positive to the provisions of my positive to the provisions of the prov	ree to act in this capacity. I joer and complete performanc ition as registered agent as p ely reflect a change in the reg has been notified in writing o	further e of my rovided gistered of this c	agree i duties l for in l office hange.	'o ,

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

INHS18 (05/08)