L110005640

(Re	equestor's Name)	
(Ad	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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SECRETARYSEE, FLORIDA

COVER LETTER



TO: Registration Section Division of Corporations

SUBJECT:	GENEVIEVE CARLTON PROPERTY LLC		
	Name of Limi	ted Liability Company	
Dear Sir or Madam	· :		
The enclosed Regis	tered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this	matter to the following:	
<u>G</u> , F	Ray Cauthen, Jr., CPA Name of Person	- Control of the cont	
G. F	Ray Cauthen, Jr., CPA Firm/Company	ORIDA TELE	
2632 N	N 43rd Street Suite A-103 Address		
	nesville, Florida 32606 City/State and Zip Code	<u>.</u> .	
į	Try/State and Zip Code		
ravi	thecna@hellsouth net		
E-mail address: (to l	thecpa@bellsouth.net be used for future annual report notific	ation)	
For further informat	ion concerning this matter, p	lease call:	
	Cauthen, Jr. at	\ <u></u>	
Name	of Person	Area Code & Daytime Telephone Number	
Registration S		MAILING ADDRESS: Registration Section	
Division of C Clifton Buildi		Division of Corporations P.O. Box 6327	
	ve Center Circle	Tallahassee, Florida 32314	
Tallahassee, F	lorida 32301		
Enclosed is	a check for the following ar	mount:	
₹25 Filing	g 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.

Name of the limited liability company:	Genevieve Carlton Property LC **		
2. (a) Principal office address of limited liability cor	To the state of th		
(Note: MUST BE STREET ADDRESS)	Suite A-103 Gainesville, Florida 32606		
(b) Mailing address of limited liability company:	2632 NW 43rd Street 2020		
(Note: MAY BE POST OFFICE BOX)	Suite A-103 Gainesville, Florida 32606		
06/01/11	L11000056400		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:		
Registered Agent:	Elizabeth A. Triplett		
Registered Office Address:	9805 NW St. Road 45 High Springs, Florida 32643		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	r <u>NEW Registered Office address</u> : G. Ray Cauthen, Jr., CPA		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2632 NW 43rd Street Suite A-103 Gainesville ,FL 32606		
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 a member or authorized representative of a member			
Elizabeth A. Triplett Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or if this document is being filed address, thereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.		

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

INHS18 (05/08)

Fe of Registered Agent