L11000064709

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 0 1 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division of C	orporations				
SUBJECT:		GC L	.ounge, Ll	LC	
	Name o		l Liability C		
Dear Sir or Madam:					
The enclosed Registe	red Agent/Registered	d Office	Change and	fee(s) are submitted for filing	ŗ.
Please return all corre	espondence concerni	ng this m	atter to the f	Collowing:	
	Lisa Shults				
	Name of Person				
Co	rporate Direct, Inc. Finn/Company	 ,			
2248	Meridian Blvd., Ste	. Н			. IAI
M	inden, NV 89423				ECRETAS LAHAS
Ci	ty/State and Zip Code				RY OF SEE, I
Ishults	@corporatedirect.oused for future annual repo	om			
For further information					3 m
	Shults	at (_	775)	284-7167	
Name of	Person		Area C	Code & Daytime Telephone Number	
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g c Center Circle		Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314	
Enclosed is a	check for the follow	ving amo	ount:		
✓ \$25 Filing	Fee		\$55 Fil	ing 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:	GC Lounge, LLC				
2. (a) Principal office address of limited liability company	10 NE 7th Street				
(Note: MUST BE STREET ADDRESS)	Miami, FL 33136				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
5/31/2011	L11000064709				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:				
Registered Agent:	Mark Lesniak				
Registered Office Address:	1051 Meridian Ave., 1M Miami, FL 33139				
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address: PROPERTY OF STATE O				
NEW Registered Agent:	Gerri Detweiler				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1037 Greystone Lane				
	Sarasota ,FL 34232				
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 of authorized representative of a member					
Signature of a member-of audiorized reproductative of a member					
Mark Lesniak 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 proving and I am familiar with and accept the obligations of my post Chapter 608 F.S. Ord if this document is being filed to men address Whereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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)

Signature of Registered Agent