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B. KOHR
DEC 1 8 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: <u>GT Florida Enterp</u> Name of Limited	Cises LLC Liability Company		
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this ma	tter to the following:		
	Brian Givan			
<u> </u>	T Florida Enterprises LLC Firm/Company	C 17 PA		
	Firm/Company 8 N. Pine Meadow Drive	3: 03		
D	ebary, FL 32713 City/State and Zip Code			
<u></u>	givan @ bellsorth.net	n) .		
For further information concerning this matter, please call:				
B	Prian Givan at (5	502) 797 - 4564 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.	Nar	ne of the limited liability company: <u>GT Flor</u>	ida Enterprises LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	508 N Pine Meadow Drive Debary FL 32713
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Debary FL 32713
		12/11/2012	CP 575 A
3.	Dat	e of filing/registration in Florida 4	. Document number
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	Legal Zoon 2
		Registered Office Address:	101 N. Brand Bluffullth Floor Glendale CA 9126 0
			GIENARIE CA TIENDA
	(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office address:
	. ,	NEW Registered Agent:	Brian Givan
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	508 N. Pine Meadow Drive Debary FL 32713
			,FL
and lia the the	nfind the bilite me	imited liability company is not organized under the la med that after the change or changes are made, the Floe e business office of the registered agent will be identic by company, it is hereby confirmed that the change(s) we embers of the limited liability company or as otherwise erating agreement of the limited liability company.	aide start to delice a fille a seriet and effice
		Brian Givan or typed name of signee	
I l co. an Ck ad	here mpl d I d iapte dres	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the proj am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely 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

Signature of Registered Agent