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SECRETARY OF STATE
TALL AHASSEE FLORING

WAR 24 2016 J. HARRIS

COVER LETTER :

TO: Registration Section Division of Corporations					
SUBJECT: G: G Investment	t Properties, LLC				
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:					
Gene Gerstmeier Name of Person					
Gig Investment Properties Firm/Company	s,LLC				
PO Box 978 Address					
Lake Wales # 33859 City/State and Zip Code	<u>'</u>				
29, plice outlook. Com E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please call:					
Gene Gentmeier at (
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	rananassee, rionda 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	nme of the limited liability company:G < G	Investme	at Prof	pertice, LLC
2. (a)		_ (b)		·
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)	Mailing address	of limited liability company: BE POST OFFICE BOX)
	3618 & Scenic Hwy	<u> </u>	PO BO	× 918
	Lake Wales, Fr 33898		Lake L	Vales, FL 33859
	7/15/2013		413000	x>99544
3.	Date of filing/registration in Florida	4.	Document r	
5. (a)	Christine Geratmaier			
()	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of S	tate:	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	·· ···	
	6332 Sedge Ford Dri	r		7AE SEC
	6332 Sedge Ford Dri	33811		TAR TAR
(b)	Gene Gerstmeier			23 23 F
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
		- ,		ID: II
	NEW Registered Office Address:			
	_ 6332 Sedge Ford Prive	<u></u>		
	·			
	Lakelona, FL	238 M	_	
the cha agent v was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the registered off bility company, i f the limited liabi	ice and the bus t is hereby con: lity company o	iness office of the registered firmed that the change(s)
(Mustra Destrució	C	hristine	Gerstmacer ed name of signee
Signat	ture of a member or authorized representative of a member	-	Printed or typ	ed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had inflyriting of flus change.	ee to act in this co performance of m for in Chapter 6 ereby confirm the	apacity. I furth ly duties, and I 05, F.S. Or, if at the limited li	ner agree to comply with the am familiar with and accept this document is being filed ability company has been

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

Signature of Registered Agent