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Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				





06/23/14--01047--003 **50.00



COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	Gamma Property Group LL	.C					
DUDUE		ne of Li	mited L	iability Company		_	
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Off	ice Cha	nge and	fee(s) are submitted for filing			
Please r	return all correspondence concerning th	is matte	r to the	following:			
Josep	h Baik						
	Name of Person						
Gamm	na Property Group LLC						
	Firm/Company			_			
3225	S. MacDill Ave, Suite 129-244						
	Address			<u> </u>			
Tampa	a, Florida 33629						
	City/State and Zip Code					14	
jbaik@	gammapropertygroup.com				ີ່ໝາວ ຕື່ ເ ໝື່ ຊາວ ໄດ້ ໄດ້ ໃ ໝາ ດ ໄດ້	(元) (元)	i i
E.	-mail address: (to be used for future and	nual rep	ort noti	ication)		ω <u>¦</u>	, ·
For fur	ther information concerning this matter	, please	call:				-
Josep	h Baik	at (813	253-3262	24. E.J.	S: 0:5	******
	Name of Person	(_		Area Code & Daytime Tele	phone Numb	oer	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Ro Di P.	egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
	Enclosed is a check for the following	g amou	nt:				
	☑ \$25 Filing Fee		□ s	55 Filing Fee & Certified Cop	y		

INHS18 (2/14)

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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	me of the limited liability company:Gamma Pro	perty (Group LLO	<u> </u>
2.	(a)		(b))	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3225 S. MacDill Ave, Suite 129-244		3225 S	. MacDill Ave, Suite 129-244
		Tampa, FL 33629		Tampa	, FL 33629
		04/08/2014		L140000	057230
3.		Date of filing/registration in Florida	4.		Document number
5	(a)				
٥.	(**)	Registered Agent and Registered Office shown on the records of the Joseph Y. Baik	ne Florida	Dept. of State	- e:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	2	-
		2311 W. Morrison Ave # 22			
		Tampa .FL	3362	29	
			10-10-1		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered G			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	iress:	
		Joseph Y. Baik			
		NEW Registered Office Address:			- Company of the second
		3225 S. MacDill Ave, Suite 129-244			
		Tampa ,FL	3362	9	
the age wa the	cha ent w s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co the lim	stered office ompany, it is ited liability iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
1	()	ure of a member or authorized representative of a member			
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided liverelect a change in the registered office address, I have the change of this change.	ee to act performe for in C ereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	gnardi	e of Registered Agent			

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