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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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SECRETARY OF SHAPE

COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations		
SUBJEC	GCF DEVELOPMENT, LLC		
		Name of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the	e following:
LILIAN	LAVADO		
	Name of Person	***************************************	
GCF DE	VELOPMENT, LLC		
	Firm/Company		
1776 PO	LK STREET SUITE 200		
	Address		
HOLLYV	WOOD, FL 33020		
	City/State and Zip Cod	e	
LLAVAI	OO@GCFRC.COM		
E-r	mail address: (to be used for future	annual report not	ification)
For furth	er information concerning this mat	ter, please call:	
LILIAN	LAVADO	954 at (4487951
	Name of Person	u. (Area Code & Daytime Telephone Number
į	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	■ \$25 Filing Fee	a	\$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 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.

a) _	1776 POLK STREET,	(b) _			
. , _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·)_		g address of limited te: MAY BE POST	d liability company: TOFFICE BOX)
	SUITE 200				
	HOLLYWOOD FL 33020				·
	01/05/2015	LI	5000002379		
	Date of filing/registration in Florida	4.	Docu	ment number	
a)	RANDALL, RHONDA				
	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:		
	1776 POLK STREET				20 22
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 200	<u>ADDRESS)</u>			THE SECOND FOR THE SE
	HOLLYWOOD , FL	33020			2 2k, ₹⊊€
o) .	JAGO. PETER Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>ss</u> :		AM 10: 17
	1776 POLK STREET				
	NEW Registered Office Address:				
	SUITE 200	<u> </u>			
	HOLLYWOOD , FL	33020			
ige it w /we irti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability comp of the limite	office and the bany, it is here d liability con ility company JAGO	business office by confirmed the opany or as other	of the registered hat the change(s) erwise provided in
•	ture of a member or authorized representative of a member			ed or typed name o	-
visio obli iere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I l I in writing of this change	ee to act in performand d for in Cha hereby conf	this capacity. Se of my duties opter 605, F.S. Firm that the lii	I further agree s, and I am fami Or, if this doc mited liability c	e to comply with th iliar with and acce ument is being file ompany has been

Signature of Registered Agent