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(Address)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GC Vacation Rentals LLC Name of Corporation		
DOCUMENT NUMBER: L19000065456	·	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Alexander Ganz		
Name of Contact Person		
GC Vacation Rentals LLC		
Firm/Company		
747 SW 2nd Ave IMB 32 #381		
Address		
Gainesville, FL 32601		
City/State and Zip Code		
fillmore@cocoabeachrentalfun.	com	
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this matter, plo	ease call:	
Alexander Ganz	at (⁵²⁰) 3440672 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the D	Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee.	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2020

ALEXANDER GANZ GC VACTION RENTALS LLC 747 SW 2ND AVE / IMB 32 #381 GAINESVILLE, FL 32601

SUBJECT: GC VACATION RENTALS LLC

Ref. Number: L19000065456

We have received your document for GC VACATION RENTALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00006713

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: 6C Vacation Removed Limited Lie	ndals LLC ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and I	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Flexander Sanz-	
GC Vacasion Pensals LLC Firm/Company	
747 SW Znd Ave IMI	332 #381
Gamesulle, FC 32601 City/State and Zip Code	_
Fillmore @ cocon beach re- E-mail address: (to be used for future annual report notific	ntal fun. com
For further information concerning this matter, please call:	
19(exander Sanz at 520 Name of Person	_) <u>344 0672</u> Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$5.	5 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.

1. Name of the limited liability company: GC Vacation Rentals LLC
2. (a) (b) 747 SW 2nd Ave
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
747 SW 2nd Ave (MB 32 #381 IMB 32 #381
Ganesville, FL 32601 Ganes ville FL 32601
3/7/19 619000065456
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corn Agents ha Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S Smoran Blub
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Orlando FL 32822
(b) Alexander ganz
Enter name of NEW Registered Agent and/or NEW Registered Office address:
747 SW 2nd Auc
NEW Registered Office Address:
IMB 32 #381
Gain esille .F. 32601
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after t 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. $Q(a < a > c Q) < c < c < c < c < c < c < c < c < c < $
Signature of a member of anthorized representative of a member According Gant Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the profissions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepte the boligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified it writing of this change.
Signature of Registered Agent