L35286

<u></u>							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiliess Effility Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

Office Use Only



600115522666

Charse

01/24/08--01036--012 **35.00

FILEU
2008 JAN 24 PH 4: 04
SECRETARY OF STATE
SECRETARSSEE, FLORIDA

AJR 108

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GATOR DOOR EAST, TWC. (Name of Corporation)
DOCUMENT NUMBER: L 35 a 86
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT L. McLEOD II (Name of Contact Person)
THE McLEOD FIRM (Firm/Company)
1200 PLANTATION ISLAND DR. S. #140 (Address)
St. Hugustine FL 32080 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA B TAYLOR (Name of Contact Person) at (904) 471-5007 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of chan in order		for a còrpora	tion organi	zed undej	the laws of	the State of _	FLURIDA	
1. The name of th	e corporation:_	GATOR	DOOR	EAST,	TNC.			
2. The principal of	office address:	2150	DOBB 1	ROAD				
	<u> </u>	ST. AUGU	STINE	FL	32086			-
3. The mailing ad	dress (if differe	nt):		··				
4. Date of incorpo	oration/qualifica	ation: /a/	7/89	Doc	ument numb	oer:	5286	
5. The name and Florida Departs		f the current re	egistered ag	ent and re	egistered off	ice on tile wi	th the	
		ALLYSON	B. CURI	9/E, ES	5Q		_	
	120	O PLANTA	TION IS	LAND	DR. S.	#140		
		. Augusti	NE FL	320	080			
6. The name and (if changed):	street address o	f the <u>new</u> regi	stered agent			registered of	SECRE!	F 1 L 2008 JAN 24
		ROBERT	L. Mc	LEOD	II, ESG		ASSI	24
-			VTATION OT acceptable)	ISLAN	<u>) dr. s</u>	., #/40	- EE.F	PH
		ST. AUGUS		FL «	32020		L STAT	رائر
The street addres as changed will be	s of its register be identical.			ddress o	f the busine	ss office of i	ts registered	S d agent,
Such change was authorized by the	authorized by board, or the	resolution du corporation h	lly adopted as been not	by its bo	ard of directions of the contractions of the c	tors or by ar e change.	officer so	P
(Signature	e of an officer or dire	ector)	····		M (Printed o	r typed name and	title)	<u> </u>
I hereby accept to I further agree to of my duties, and document is bein corporation has	o comply with to I I am familiar g filed merely i	he provisions with and acco to reflect a ch	of all statu pt the oblig ange in the	tes relati	ve to the pr	oper and coi	nplete perfo ed agent. O by confirm	ormance or, if this that the
(Sign	nature of Registered	Agent)		1/	23/08	(Date)		
If signing on beh	alf of an entity	•		,				
<u>RoBert</u>	ped or Printed Name	L-COD I	_					

* * * FILING FEE: \$35.00 * * *