L78/29

(Requestor's Name)	
(Address)	_
(Address)	
(1,001,000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Bootine Hamber)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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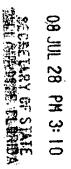
Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

Order

1/25/08

July 21, 2008

GARY GARIANI G.S.D. 605 WATER OAK LN LONGWOOD, FL 32779

SUBJECT: GENERAL SYSTEMS DEVELOPMENT, INC.

Ref. Number: L78129

We have received your document for GENERAL SYSTEMS DEVELOPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 208A00042252



COVER LETTER

Division of Corporations
SUBJECT: GENERAL SYSTEMS DEVEWENT (Name of Corporation)
DOCUMENT NUMBER: L 7 8 129
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:
CARY CARIAN! (Name of Contact Person)
(Name of Contact Person)
$\frac{\mathcal{G} \cdot \mathcal{S} \cdot \mathcal{D}}{\text{(Firm/Company)}}$
(Firm/Company)
605 WATER OHL LN
(Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 765589 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (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

TO:

Amendment Section

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

in order to change its registered office or	organized under the laws of the State of
	SYSTEMS DEVELOPHENT INC.
2. The principal office address: 60 WATON	- OAK LU LONGWOOD FT 32779
3. The mailing address (if different):	
4. Date of incorporation/qualification:	1990 Document number: 478129
5. The name and street address of the current regist	stered agent and registered office on file with the
Florida Department of State:	
U RATEN FALATS	S KROON, KAREN. L
OF MAGNETINE	THE SSZ WHISPER WOOD CIPU
January -	32293 LONGWOOD FC, 32779
The name and street address of the new registere (if changed):	ed agent (if changed) and /or registered office
GAIL SCHELM	(FA HORA)
	W B
(P.O. Box NOT ac	icceptable)
LON FWOOD R	32779
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	adopted by its board of directors or by an office been notified in writing of the change.
GAM GAMAN (Signature of an officer or director)	(Printed or typed name and title)
l hereby accept the appointment as registered as I further agree to comply with the provisions of a of my duties, and I am familiar with and accept to document is being filed merely to reflect a chang corporation has been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Abel Schermerdorn (Signature of Registered Agent)	7/15/2008
If signing on behalf of an entity:	(<u>/</u>
(Typed or Printed Name)	
• • • • • • • • • • • • • • • • • • • •	ING FEE: \$35.00 * * *