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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PAGE

Account Number: I20070000020

Phone : (813)435-3176 Fax Number : (813)333-6358

Fig. 4*Enter the email address for this business entity to be used for fuffire annual report mailings. Enter only one email address please.**

Email	Address:	e.	•	

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FEB 22

LLC REGISTERED AGENT CHANGE GULF-ATLANTIC INTERNATIONAL HOLDINGS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

FEB 2 5 2012

Help. BRUCE

4130000 414453

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered as both in the State of Florida.

agen	it, or both, in the State of Florida.							
1. N	lame of the limited liability company: CULE ATLANTIC IS	ITERNATIONAL HOLDINGS, LLC						
2. (a	a) Principal office address of limited liability compa (Note: MUST RE STREET ADDRESS)	9: 16506 POINTE VILLAGE DRIVE 201 LUTZ FL 33558						
(L	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10000 FORME VILLAGE DRIVE 201 LUTZ FE 30000						
07/15/ 3. D	1998 Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida	a Dept.	of Sta	te:			
	Registered Agent:	DEBORAH A BOHN	DEBORAH A BOHN					
	Registered Office Address:	16506 POINTE VILLAGE DRIVE 201 LUTZ FL 33558	FACURET LLAH	2013 FEB	In terms			
(t	b) Enter name of NEW Registered Agent and/or N	EW Registered Office ad	qeeze:	22	[[]			
	NEW Registered Agent:	THE LAW OFFICES OF NICK SPR		LC TE	£*			
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18952 NORTH DALE MABRY HW SUITE 102 LUTZ	300	 6 ,FL 335	348			
conf and t liabi the r the c	e limited liability company is not organized under the irmed that after the change or changes are made, the the business office of the registered agent will be ideality company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability company ture of a member or authorized representative of a member	Florida street address of the case of a contical. Or, in the case of a (s) was/were authorized by wise provided in the article	he regis Florida an affi	tered (a limit rmativ	office ted ve vote of			
	OLAS J. SPRADLIN, ESQ. AUTHORIZES REPRESENTATIVE OF A MEMBER ed or typed name of signee							
I he comp and Chap addr	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the I am familiar with and accept the obligations of my pter 608, F.S. Or, if this document is being filed to be easy. I hereby confirm that the limited liability composes, I hereby confirm that the limited liability composes.	d agree to act in this capac proper and complete perfo position as registered agel merely reflect a change in any has been notified in wi	ity. I fi rmance nt as pr the regi riting of	irther of my ovided stered this c	agree to duties, l for in l office hange.			
Signa	ature of Registered Agent							
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314								

FILING FEE: \$25.00

INHS18 (05/08)