## M0400004725

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## · COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gehr Development Floreda LC. (Name of Corporation)
DOCUMENT NUMBER: MO40004725
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:
(Name of Contact Person)
Gehr Industries, Inc. (Firm/Company)
900 NN CORPORATE  (Address)
BOCA Raton, Florida 33431-732 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Soo) 68-666 (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
For fight on the property of t
(City/Crute and Zip Code)

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

Pursuant to the provisio liability company submit, agent, or both, in the Stat	s the following stateme	or 608.508, Flori ent in order to char	da Statutes, th age its register I	e undersigned ed office or re	l limited egistered
1. The name of the limite	ed liability company is:	Genr Lei	Llogm	ent the	an hh
: 2. The mailing address of	O	mpany is :	o rum g	peroper	e ou
	Stute 310W	Boca,	faton, -	4. 3543).	7560
	4	<u>n</u>	1040000	4725	
3. Date of filing/registration	on in Florida	4. Doo	cument number		.:
5. The name of the registe Florida Department of S	State:	ered office address	as shown on the	ne records of the	ne
	To Brok	Name App.	7F 200	///·	
	Miami	Address Address	2121		ୟିପ୍ରନ'
	City,	State and Zip	<u> </u>	200 SE TAL	-
6. The name and address of	of the new registered ag	ent and/or office:	:	TAPR CRET	•
	Gehr Indu	IRIES INC	2.	R 24 TARY	Today James
	1900 N.W. (OK	DORATE WIL	d Ste 3		M
	Florida street address	(P.O. Box NOT ac	ceptable)	3: 31 ORID	-
	BOCA KATON,	FL 3343/ ate and Zip	- 7360	<u> </u>	
If the limited liability com	-	-	State of Flori	da it is hereb	,
confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are mather registered agent will eby confirmed that the lability company or a	ide, the Florida stre I be identical. Or, i change(s) was/were s otherwise provide	et address of the case of a case of	ne registered o Florida limite an affirmative	ffice d e vote of
(Signature of a member or authorize	red representative of a member	· · · · · · · · · · · · · · · · · · ·			-
(Printed or typed name of signee)	rthal	~~			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent)	is of all statutes relative accept the obligations its document is being fit that the limited TABBILITY CLASSIFICATION THES	to the proper and comments in the properties of	t in this capac complete perfo egistered ager it a change in i notified in wr	ity. I further of rmance of my it as provided the registered iting of this ci	igree to duties, for in office iange.
(C.B. autoro or registered rigelli)	FAV 012 725.0610				

PAX 213-725-0610 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00