

(Red	questor's Name)	
(Add	lress)	
(Address)		
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

MAY 16 2012

EXAMINER



500233039805

500233039805 04/30/12--01029--015 **25.00

> IZ NAT IS PM 4:26 EARCHAY OF STATE ALL HANGEL THOMA

COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJI	UBJECT: GG/DH MANAGEMENT, LLC Name of Limited Liability Company		
D C			
Dear S	Sir or Madam:	•	
The en	iclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
PAUL LABINER			
	Name of Person		
	LAW OFFICE OF PAUL LABINER		
	Firm/Company		
	5499 NO FEDERAL HWY		
	Address	· · · · · · · · · · · · · · · · · · ·	
	BOCA RATON, FLORIDA 33487		
	City/State and Zip Code		
	TXADV@AOL COM		
E-r	TXADV@AOL.COM mail address: (to be used for future annual report notific	ation)	
For fur	ther information concerning this matter, p	lease call:	
	PAUL LABINER at	4 FC4 > 000 0000	
	Name of Person	(561) 998-2362 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	rananassee, riorida 52514	
Enclosed is a check for the following amount:			
[\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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 agent, or both, in the State of Florida.

Name of the limited liability company:	GG/DH MANAGEMENT, LLC
2. (a) Principal office address of limited liability com	pany: 4060 NW 101 DRIVE
(Note: MUST BE STREET ADDRESS)	CORAL SPRINGS, FLORIDA 33065
(b) Mailing address of limited liability company:	4060 NW 101 DRIVE
(Note: MAY BE POST OFFICE BOX)	CORAL SPRINGS, FLORIDA 33065
2/21/2005	M0500000967
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	A 1 A
Registered Agent:	Gladys G. Harrison
Registered Office Address:	Coral Springs 11 Drive
	1. Florida
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	DAVID HARRISON, M.D.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4060 NW 101 DRIVE
	CORAL SPRINGS ,FL 33065
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be illiability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed or typed name of signee I hereby accept the appointment as registered agent accomply with the provisions of all statutes relative to the and I am familiar with and accept the obligative to the address, I hereby confirm that the limited liability companies, I hereby confirm that the limited liability companies.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00