M05583

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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OS APR-I PH I: 45
SECRETARY OF STATE



COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| | | | | |
| SUBJECT: The Gannon Management Company of Florida | | | | |
| (Name of corporation) | | | | |
| DOCUMENT NUMBER: MO5583 | | | | |
| 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: | | | | |
| | | | | |
| Diane Dishon Gacki | | | | |
| (Name of contact person) | | | | |
| | | | | |
| Gannon International, Ltd. | | | | |
| (Firm/Company) | | | | |
| | | | | |
| 11301 Ofive Blvd | | | | |
| (Address) | | | | |
| | | | | |
| St. Louis, MO 63141 (City/state and zip code) | | | | |
| (City/state and zip code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Diane Dishon Gacki at (314) 989-9600 | | | | |
| Diane Dishon Gacki at (314) 989-9600 (Name of contact person) (Area code & daytime telephone number) | | | | |
| | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| | | | | |
| Mailing Address: Street Address: Amendment Section Amendment Section | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399 | | | | |
| 1 mmm500, 1 2 5251 1 1 1 525 1 1 | | | | |

TO: Amendment Section

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

| statement of ch | ange is submitted for a corpora | 12, 617.0502, 607.1508, or 617.1508, Florida S ation organized under the laws of the State of $\frac{F}{F}$ we or registered agent, or both, in the State of Fi | lorida |
|-----------------------------------|--|---|-------------------|
| 1. The name of | the corporation: The Gannon | Management Company of Florida | |
| 2. The principal | l office address: 9150 SW 8th a | Avenue, Suite 201 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 9/24/84 | Document number: MO5583 | |
| | d street address of the current re artment of State: | egistered agent and registered office on file with | h the |
| | Sybil C. Field | | _ |
| | 6763 SW 88th Street | | |
| | Miami, FL 33156 | | • |
| 6. The name and (if changed): | | stered agent (if changed) and /or registered offi | OS AI |
| | Sybil C. Field | | E P |
| | 9150 SW 87th Avenue, Suite | e 201 | - P |
| | (P.O. Box No | OT acceptable) | 元。三つ |
| | Miami, FL 33176 | | ORATI CO |
| The street address changed will | ess of its registered office and I be identical. | the street address of the business office of its | registered agent, |
| Such change wa authorized by t | as authorized by resolution du he board, or the corporation h | aly adopted by its board of directors or by an as been notified in writing of the change. | officer so |
| Tolu | 1 June | Robert Greene, EVP | |
| - | we of an officer of director) I the appointment as registered to comply with the provisions I am familiar with and acce ing filed merely to reflect a ch s been notified in writing of th | d agent and agree to act in this capacity, of all statutes relative to the proper and come the obligation of my position as registered ange in the registered office address, I hereby is change. | • |
| Sighil | gnature of Registered Agent) | 3-3/-05- (Date) | |
| () (SI If signing on be | chalf of an entity: | (Date) | |
| - • | 7 FIELD . Typed or Printed Name) | | |

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