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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**EXAMINER**

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STATE  
TALLAHASSEE FLORIDA



**PARACORP**

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: February 02, 2009

AE: Sharon Cooke

TO: Florida Department of State

REFERENCE: 477768

P.O. Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**GTS PROPERTY PORTFOLIOS B-3, LLC**

**Change of Registered Agent**

**IN FL**

SPECIAL INSTRUCTIONS: Please file on a routine and return one plain copy.

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS**

**RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GTS PROPERTY PORTFOLIOS B-3, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON COOKE  
(Name of Person)

PARACORP INCORPORATED  
(Firm/Company)

PO BOX 160568  
(Address)

SACRAMENTO, CA 95816  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON COOKE at ( 888 ) 886-7166  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: GTS PROPERTY PORTFOLIOS B-3, LLC

2. (a) Principal office address of limited liability company: C/O GTS INVESTMENTS, INC.  
**(Note: MUST BE STREET ADDRESS)** 3250 WILSHIRE BLVD STE 1106  
LOS ANGELES CA 90010

(b) Mailing address of limited liability company: C/O GTS INVESTMENTS, INC.  
**(Note: MAY BE POST OFFICE BOX)** 3250 WILSHIRE BLVD STE 1106  
LOS ANGELES CA 90010

08/11/2006

M06000004452

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UCC FILING & SEARCH SERVICES, INC.

Registered Office Address: 1574 VILLAGE SQUARE BLVD.  
STE. 100  
TALLAHASSEE FL 32309 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: PARACORP INCORPORATED

NEW Registered Office Address: 236 EAST 6TH AVE  
**(MUST BE FLORIDA STREET ADDRESS)** TALLAHASSEE FL 32303

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

SANDY HARYONO

Chief Operating Officer

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NINH HO, ASST SECRETARY PARACORP INCORPORATED

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00