

MI1000000459

(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:

Office Use Only



200264007522

09/08/14--01021--018 **35.00

14 SEP - 8 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

SEP 9 1 35
J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Coast Management Group LLC
Name of Corporation

DOCUMENT NUMBER: M11000000459

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:

LOUIS PFAFF

Name of Contact Person

GULF COAST MANAGEMENT GROUP LLC

Firm/Company

1256 NAPLES LAKE DRIVE

Address

NAPLES FL 34104

City/State and Zip Code

LOUISPFAFF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS PFAFF at **914 323-8156**
Name of Contact Person 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GULF COAST MANAGEMENT GROUP LLC
2. The principal office address: 1256 NAPLES LAKE DRIVE NAPLES FL 34104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/31/2011 Document number: M11000000459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LOUIS PFAFF

1256 NAPLES LAKE DRIVE

P.O. Box NOT acceptable

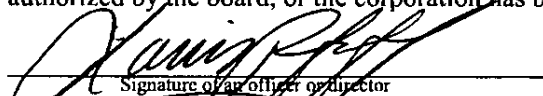
NAPLES FL 34104

14 SEP - 8 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

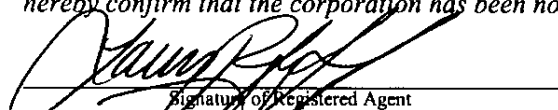
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

LOUIS PFAFF MGR MEMBER

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9/2/2014

Date

If signing on behalf of an entity:

LOUIS PFAFF

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314