(Requestor's Name)							
(Address)							
(1.00.000)							
. (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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Office Use Only



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COVER LETTER

Amendment Section

Division of Corp	orations					
O. If	l Balancia de Canada.	!-! A!-4!	ł			
SUBJECT: Gulf	Name o	minium Association of Corporation	, INC.			
		on poration				
DOCUMENT NUMBE	R:N	05000004531				
The enclosed Statement	of Change of Registered O	ffice/Agent and fee are sub	mitted for filing.			
Please return all correspo	ondence concerning this ma	atter to the following:				
	lioni	har Crana				
	Heather Grope Name of Contact Person					
		0.000				
Alliant Property Management LLC						
 -	Firm	/Company				
	6719 Wink	ler Rd. Ste. 200				
Address						
Ft Myers Ft 33919						
Ft. Myers, FL 33919 City/State and Zip Code						
	, ,					
heather@alliantproperty.com						
E-mail address: (to be used for future annual report notification)						
			•			
For further information c	oncerning this matter, plea	se call:				
Heat	ther Grone	(239)	210-6334			
Name of	Contact Person	at (239) Area Code & Day	ytime Telephone Number			
Enclosed is a \$35,00 che	ck made payable to the De	partment of State				
Enclosed is a \$55.00 che	ik made payable to the Dep	parament of State.				
,	Mailing Address	Street Addres	20.			
<u>1</u>	Mailing Address: Amendment Section	Street Addre Amendment	Section			
	Division of Corporations		Corporations			
I	P.O. Box 6327	Clifton Build	ding			

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 60 ange is submitted for a co er to change Ts registered	orporation organized	d under the laws o	f the State of Flo	orida	
1. The name of	the corporation: Gulf F	Hideaway I Co	ndominium <i>i</i>	Association,	Inc.	
2. The principal	office address: c/o Allia	ant Property Ma	nagement LLC	6719 Winkle	r Rd. Ste. 200)
Ft. Myers,	FL 33919					
3. The mailing a	address (if different): Sal	me as above				
4. Date of incor	poration/qualification:	05/02/2005	Document num	ber: N05	5000004531	
	d street address of the cur rtment of State: (If resign		t and registered of	fice on file with t	the	
	Roetzel & Andress	;			74 S	
	850 Park Shore Dr	r. Third Floor			IO OCT 20 ECRETAR LLAHASS	T
	Naples, FL 34103	***			TARY HASSI	
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or	registered office	PH IZ:	ED
	Alliant Property Ma	anagement LLC			哥二	
	6719 Winkler Rd. S	Ste. 200				
P.O Box NOT acceptable						
	Ft. Myers, FL 3391	9				
The street address changed will	ess of its registered offic l be identical.	ce and the street add	dress of the busing	ess office of its r	egistered agent,	
Such change wanthorized by the	as authorized by resoluti he board, or the corporat	ion duly adopted by tion has been notifi	y its board of dire ed in writing of tl	ctors or by an of ne change.	ficer so	
Sulveral Signatu	Redding ire of an officer or director	<u></u>	Deborah	Redding	er, Pre	. dent
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflect is been notified in writing	istered agent and a isions of all statute: d accept the obliga et a change in the re g of this change.				
MASE	lan			10-8-2010		
	mature of Registered Agent			Date	_	
If signing on be	ehalf of an entity:					
	Millie Strohm					
T	'yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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