NI000006136

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SECRETARY OF STATE
ALL MASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Name of Corporation
DOCUMENT NU	MBER: N11000006136
The enclosed State	ment of Change of Registered Office/Agent and fee are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
-	Staces Mostwicki Name of Contact Person
	Gulf Coast Kids Have
-	349 N. Path Ave.
	City/State and Zip Code CKecutive Arctor Dockh. E-mail address: (to be used for future annual report notification)
For further information	ation concerning this matter, please call:
Richa	1 R M= Alpin at (850) 712-2930
Nai	me 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 inge is submitted for a corporation organized under t r to change its registered office or registered agent, o	the laws of the State of Florid	da
1. The name of	the corporation: GCKH Future Fund, Inc.		
2. The principal	office address: 3401 N. 12th Avenue, Pensac		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/27/2011 Document	ment number: N11000006	5136
	I street address of the current registered agent and reg rtment of State: (If resigned, enter resigned)	gistered office on file with th	e
	KOSTEVICKI, STACEY		.
	3401 N. 12Th Avenue		SECIE S
			FILE SEP 26 AHASSE
6. The name and (if changed):	d street address of the new registered agent (if change	ed) and /or registered office	LED 26 M 9: SSEE, FLOR
	InCorp Services, Inc.		RIDA RIDA RIDA
	17888 67th Court North		·
P.O. Box NOT acceptable			
	Loxahatchee, FL 33470		
The street addre	ess of its registered office and the street address of t be identical.	he business office of its reg	stered agent,
1 Doll	as authorized by resolution duly adopted by its boar ne board, or the corporation has been notified in writer of an officer or director	d of directors or by an office ting of the change. Printed or typed name and title	MEA/pi~, DIT
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to a to comply with the provisions of all statutes relative my duties, and I am familiar with and accept the ob is document is being filed merely to reflect a chang that the corporation has been notified in writing of	e to the proper and complete bligation of my position as r e in the registered office add	egistered
		September 15, 2016	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Kathy Shin on behalf of InCorp Services, Inc. Typed or Printed Name