

139664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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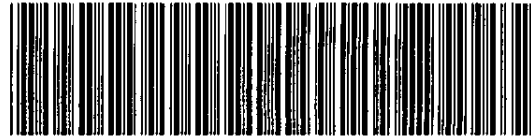
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ATTORNEYS AT LAW

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

January 11, 2010

Florida Department of State
Division of Corporations
Amendment Section
PO Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office or
Registered Agent or Both for Corporations
Gateway Center Association, Inc.

Dear Ladies/Gentlemen:

Enclosed please find the completed Statement of Change of Registered Office or Registered Agent or Both for Corporations and Cover Letter, along with check number 1608 in the amount of \$35.00 representing the fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact Mr. Barra. Our toll free telephone number is 1.800.976.6955.

Sincerely,

Brenda L. Jernigan
Assistant to Richard K. Barra

:blj

Encs.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GATEWAY CENTER ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N39664

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:

Richard K. Barra, Esq.
Name of Contact Person

Scott, Harris, Bryan, Barra & Jorgensen, P.A.
Firm/Company

4400 PGA Boulevard, Suite 800
Address

Palm Beach Gardens, Florida 33410
City/State and Zip Code

rkbarra@scott-harris.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard K. Barra, Esq. at (561) 624-3900
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: GATEWAY CENTER ASSOCIATION, INC.
2. The principal office address: 381 Mansfield Avenue, Suite 500
Pittsburgh, Pennsylvania 15220
3. The mailing address (if different): _____

4. Date of incorporation/qualification: August 24, 1990 Document number: N39664

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)

Raymond W. Royce, Esq.
4400 PGA Boulevard, Suite 800
Palm Beach Gardens, Florida 33410

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

Richard K. Barra, Esq.
4400 PGA Boulevard, Suite 800
P.O. Box NOT acceptable
Palm Beach Gardens, Florida 33410

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

Robert C. Poling, Vice President

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

1.10.2011

Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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