DOCUMENT # N49574

1. Entity Name

GUJARATI SAMAJ OF GREATER ORLANDO, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State
06-07-2000 90003 008 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7220 SPRING VILLA CIR ORLANDO FL 32819 US	7220 SPRING VILLA CIR ORLANDO FL 32819 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3176664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, RANCHHODBHAI
7200 SPRINGVILLA CIR.
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PATEL, RANCHHODBHAI 7200 SPRINGVILLA CIR. ORLANDO FL	☐ Delete	TITLE P T NAME KIRAN PATEL STREET ADDRESS 7742 APPLE TREE CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT PANCHAL, KAMLESH 634 BERIES CT ORLANDO FL 32835	☐ Delete	TITLE VP T NAME DIPAK PATEL STREET ADDRESS 3200 S.ORLANDO DR CITY-ST-ZIP SANFORD, FL 32773	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAYLOR, PRAKASH 7220 SPRINGVILLA CIR ORLANDO FL	☐ Delete	TITLE T T NAME GHANSHYAM PATEL STREET ADDRESS 4719 CASON COVE DRIVE CITY-ST-ZIP APT #1515.ORLANDO, FL 32811	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOHIL, VIPIN 8082 WELLSMERE CIR ORLANDO FL	☐ Delete	TITLE S T NAME PRAKASH TAILOR STREET ADDRESS 4735 LAKE CALABAY DR CITY-ST-ZIP ORLANDO, FL 32837	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 407-797-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #