

P00000025197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

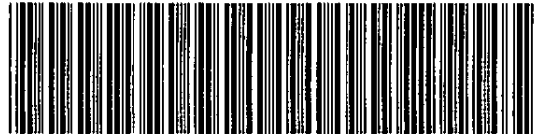
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400157069694

07/13/09--01015--008 \*\*35.00

FILED  
09 JUL 13 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*paper  
7/14/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** G&R Support Services, inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000025197

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:

Gabriel Lefran  
Name of Contact Person

G&R Support Services, Inc.  
Firm/Company

8933 SW 123rd CT Apt 406  
Address

Miami, Florida 33186  
City/State and Zip Code

grsupports1@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Lefran at ( 305 ) 275-7197  
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: G&R Support Services Inc.
2. The principal office address: 8933 SW 123rd CT Apt 406, Miami Florida 33186
3. The mailing address (if different): P.O. BOX 831354 Miami, Florida 33283
4. Date of incorporation/qualification: 03/10/2000 Document number: P00000025197
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)

Gabriel Lefran

9380 SW 72 ST B220B

Miami, Florida 33173

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

Gabriel Lefran

8933 SW 123rd CT Apt 406

P.O. Box NOT acceptable

Miami, Florida 33186

FILED  
09 JUL 13 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Gabriel Lefran

Signature of an officer or director

Gabriel Lefran 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.*

Gabriel Lefran

Signature of Registered Agent

7/9/09

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)