

P000 000 77451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

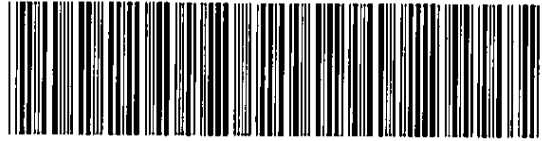
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2019

T. SCHROEDER

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: GPS PROPERTIES, INC.
2. The principal office address: 7000 ISLAND BLVD #605
WILLIAMS ISLAND, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/2000 Document number: P00000077451

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)

GM FINANCIAL GROUP LIMITED INC.

1499 W PALMETTO PARK RD #130

BOCA RATON, FL 33486

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

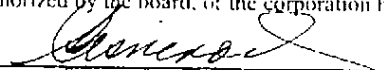
399 W PALMETTO PARK RD #102

P.O. Box NOT acceptable

BOCA RATON, FL 33432

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

GEORGINA M DAY, PRES

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

6/13/19

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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA