## P02000065914

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## TRANSMITTAL LETTER

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Enclosed is a \$35.00 check made payable to the Department of State.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

وبثار

	provisions of se change is submi							itutes,
FLORIS	📉 in order to	change its r	egistered o	office or	registere	ed agent, or	r both, in the	State
of Florida.		_		_				
1. The name of t	he corporation:_	G	AND	_ ک	COLLE	ECT 134	ES JON	<u></u>
2. The principal	office address:_	\$ 200	N. M	1117	ARY	TRAIL	, # 27	15
		BOCA	BATT	eN,	FL	3343	31	
3. The mailing a	ddress (if differe	nt):					· · · · · · · · · · · · · · · · · · ·	<u>_</u>
4. Date of incorp	ooration/qualifica	tion: <u>6/1</u>	1/2002	D	ocument	number: <u>1</u>	0200006	5914
	l street address of tment of State:				•			
		LARY +	ANCE	R				12
		2500 N 30CA G	3, M11	LI TAK	<del>۱۱</del> ۲۰۶	RAIL.	# 55	7003 HAY 29
•		30CA 6	المصحفة	FI	331	131		F12
6. The name an changed):	d street address			,				ce 🕰 🖰
_		Scott	- Fb	RMA:	4		\( \begin{align*}	9: 44
_		2500 (P.O. Box or pers					.#2万	<b>-</b>
-		BOCA O	RATON	1, F	7 3	3431	<del></del>	
-	ss of its registere ed will be identic							
Such change wa authorized by th	southorized by a board, or the c	resolution du orporation ha	ly adopted is been not	by its b ified in	oard of d writing c	irectors or l f the chang	by an officer e.	SO
Signature of an officer,	chairman or vice chairm	an of the board)	600	۲ <del>۱ کا د</del>	inted or types	name and title)	·E] .	-
I hereby accept I further agree t performance of registered agen office address, I	the appointment to comply with the my duties, and I t. Orl if this dock hereby confirm	as registered te provisions am familiar ument is bein that the corp	d agent and of all statu with and ac og filed men oration ha	l agree i ites rela ccept the rely to re s been n	to act in tive to th e obligat eflect a co notified in	this capacion the proper and the proper and the proper in the the writing of	ty. id complete osition as le registered this change.	
m	70			5	121	2003		_
	gnature of Registered Ag	gent)			(D	ate)		
If signing on behalf	or an entity:							
(T)	yped or Printed Name)	<del></del> -			(Ca	pacity)		-

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