## P0300009444/

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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SECRETARY OF STATE
TALL AHASSEE, FLORIO

Thange 07/06/07

## **COVER LETTER**

Division of Corporations
SUBJECT: GANA 2402 WCP.  (Name of Corporation)
DOCUMENT NUMBER: PD 3000094441
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:
(Name of Contact Person)
(Name of Contact Person)
lack
(Firm/Company)
(Firm/Company)
35820 Tree Top Prive (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
ror turner information concerning this matter, please can.
(Name of Contact Person) at (964) 6328707 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## '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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GAM p2402 Corp.
2. The principal office address: 3820 Tree Top Prive weeker 1 33332
3. The mailing address (if different): 3820 Tree top Orne weston & 3333
4. Date of incorporation/qualification: 08/28/2003 Document number: P03000094441
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HAMAGABRIELA MAZZEN
MAXIAGABRIELA MAZZEN
Weston & 33332 PR = TI
6. The name and street address of the new registered agent (if changed) and /or registered office 20 (if changed):
(P.O. Box NOT acceptable)
Jose Serao
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.
TOSE SE MAD V P.  (Printed or typed name and title)
I hereity 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.
06 25 107 (Date)
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name)

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