P04000021082

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		;

Office Use Only



300260372493

300260372493 07/08/14--01002--001 **635.00

14 JIII -8 PM 3:11

C. LEWIS

JUL \$ 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GBP Realty Associates, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000021082

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:

Joline Bolick

Name of Contact Person

GBP Realty Associates, Inc.

Firm/Company

20445 Biscayne Blvd, H8

Address

Aventura, FL 33180

City/State and Zip Code

jolinebolick@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joline Bolick

,305

35-0300

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
1. The name of t	the corporation: GBP Realty A	Associates, Inc	
2. The principal	office address: 20445 Biscay	ne Blvd, H8, Aventura, FL 33180	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/28/20	Document number: P04000021	082
	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	Mario A Romine		
	19051 Biscayne Blvd, S	Suite 400	
	Aventura, FL 33180		<u> </u>
6. The name and street address of the new registe (if changed): George Perez		ed agent (if changed) and /or registered office	14 JUL -8
	20445 Biscayne Blvd, I		B PH 3: 44
P.O. Box NOT acceptable			3: 44
	Aventura, FL 33180		F 76
as changed wil	l be identical.	e street address of the business office of its regist	_
Such change wanthorized by	as authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officer open notified in writing of the change.	SO
	57	George Perez, Director	
I further agree performance of agent. Or, if t	of the appointment as registered a to comply with the provisions of the foundation of the second of	Finited or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as reg to reflect a change in the registered office addre- otified in writing of this change.	zistered ess, I
	9	06/17/2014	
8	ignature of Registered Agent	Date	
If signing on b	pehalf of an entity:		
George P		_	
	Typed or Printed Name	INC PPF, 615.00 + + +	
	" " " [* [L]	ING 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)