(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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12/16/11--01008--001 **35.00

Mochange Neveri 12-16-11

COVER LETTER

	ent Section of Corporations			
SUBJECT:	GC One Name of	e, Inc. Corporation		
DOCUMENT N	umber: P0	4000046843		
The enclosed Stat	ement of Change of Registered Off	ice/Agent and fee are sub	mitted for filing.	
Please return all c	correspondence concerning this mat	ter to the following:		
	Manue	A. Ibanez		
	Name of C	Contact Person		
GC One, Inc.				
	Firm/	Company		
		rd Ave Unit 4		
	Ac	ldress		
	Hialeah,	FL. 33016		
	City/State	and Zip Code		
	info@aa	cone.com		
•	E-mail address: (to be used for		otification)	
For further inform	nation concerning this matter, please	e call:		
	Manuel A. Ibanez	at (305)	828-2222	
Na	ame of Contact Person	Area Code & Da	828-2222 ytime Telephone Number	
Enclosed is a \$35.	00 check made payable to the Depa	artment of State.		
	Mailing Address:	Street Addre	ss:	
	Amendment Section	Amendment	Section	
	Division of Corporations		Corporations	
	P.O. Box 6327	Clifton Buil	aing	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida	his ———	
1. The name of	the corporation: GC O	ne, Inc.				
2. The principal	office address: 8010 W	/. 23rd Ave U	Init 4 Hialeah, FL. 33	016		
3. The mailing a	address (if different): Sar	me as above				
4. Date of incorp	poration/qualification:	3/15/2004	Document number:	P040000)46843	
	d street address of the curr rtment of State: (If resigne		nt and registered office on f	ile with the		
	Manuel A. Ibanez				4.	
	14631 SW 41st					
	Miramar, FL. 33016				GETA	1
6. The name and (if changed):	d street address of the new Manuel A. Ibanez	registered agent (if changed) and /or registere	ed office	11년 3 년 78년 8 8차 : II MW 9	
	8010 W. 23rd Ave.	Linit 4		(S	<u>}</u>	
	Hialeah, FL. 33016	P.O. Box NOT ac	eceptable			
The street addre	ess of its registered office be identical.	and the street ad	dress of the business office	e of its register	ed agent,	
Such change wa authorized by th	as authorized by resolutione board, or the corporati	on duly adopted b on has been notif	y its board of directors or lied in writing of the chang	by an officer so	o	
Signatur	re of an officer or director		Manuel A. Ib	anez, VP	·	
I hereby accept I further agree t of my duties, an document is bei		stered agent and a sions of all statute accept the obliga a change in the r of this change.	agree to act in this capacit is relative to the proper an ition of my position as regi egistered office address, 1		formance Or, if this n that the	
Sign	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Ty	yped or Printed Name	 				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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