## PO4000055566

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Eddinger Entry)				
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(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GC IMPORTS, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000055566
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:
MITCHELL I. FRIED, ESQ. (Name of Contact Person)
LAW OFFICES OF MITCHELL I. FRIED (Firm/Company)
234 N. WESTMONTE DRIVE, SUITE 1040 (Address)
(Audiess)
ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)
For further information concerning this matter, please call:
MITCHELL I. FRIED, ESQ. at ( 407 ) 682-1331
(Name of Contact Person) (Area Code & Daytime Telephone Number
Durland's a #25.00 about mode records to the Department of State

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: GC IMPORTS, INC.		_
2. The principal	office address: 540 N. STATE ROAD 434, SUITE 75B 'E SPRINGS, FL 32714		_
3. The mailing a	ddress (if different): P.O. BOX 4126, APOPKA, FL 32704		<del></del>
4. Date of incorp	poration/qualification: 03/31/2004 Document number: P04000055566		
	street address of the current registered agent and registered office on file with the timent of State:		
	TERRY L. COSIMI		
	2166 S. ORANGE BLOSSOM TRAIL, #110		
	APOPKA, FL 32703		0
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	2001 DEC	SECRETARY OF STATE DIVISION OF CORPORATIONS
	MITCHELL I. FRIED, ESQ.	ြီ	유자
	234 N. WESTMONTE DRIVE, SUITE 1040	À	ORPO OXPO
	(P.O. Box NOT acceptable) ALTAMONTE SPRINGS, FL 32714	ڢ	RATI
The street address changed will	ess of its registered office and the street address of the business office of its registered a be identical.	ည် gent,	ONS
_	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
(Signet	Garland C. Peterson Se	cret	ary
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perform at I am familiar with and accept the obligation of my position as registered agent. Or the filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	ance f this t the	
	11-30-07		
	prature of Registered Agent) (Date)  half of an entity:		
is signing on oc			
	(yped or Printed Name)		

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