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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Gerelco Traffic Controls, Inc.

Name of Corporation

DOCUMENT NUMBER, P04000077975

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:

Kenneth A. Geremia, Jr.

Name of Contact Person

Gerelco Traffic Controls, Inc.

Firm/Company

560 NW Enterprise Drive

Address

Port St. Lucie, FL 34986

City/State and Zip Code

Kgeremiajr@gerelco.com

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

For further information concerning this matter, please call:

Adam C. Linkhorst

,,561 \832-5

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

-	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 to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: Gerelco Traffic Controls, Inc.
1. The name of the	office address: 560 NW Enterprise Drive, Port St. Lucie, FL 34986
2. The principal	office address: Odd 1444 Eritarphilo Bitto, Fort Gr. Eddio, FE 0 1000
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 6/8/2000 Document number: P04000077975
5. The name and	street address of the current registered agent and registered office on file with the ament of State: (If resigned, enter resigned)
	Kenneth A. Geremia, Jr.
	560 NW Enterprise Drive
	Port St. Lucie, FL 34986
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Adam C. Linkhorst, Ciklin Lubitz, Martens & O'Connell
	515 North Flagler Dr., 20th Floor
	P.O. Box NOT acceptable
	West Palm Beach, FL 33401
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer specific by the corporation has been notified in writing of the change.
	Kenneth A. Geremia, Jr., President
I hereby accept if further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered as accument is being filed merely to reflect a change in the registered office address, I what the composition has been notified in writing of this change. The provision of the proper and complete and complete my duties, and I am familiar with and accept the obligation of my position as registered states and the composition as registered of the registered office address, I would be a composition of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the proper and complete my duties.
Tv	ped or Printed Name

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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