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COVER LETTER

Division of Corporations		
SUBJECT: GEM City IV INC. Name of Corporation		
DOCUMENT NUMBER: 204000159446		
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:		
Stephanie Cope Name of Contact Person		
Gen City V, Inc.		
Le107 Market five Address		
Franklin, OH 45005 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephanie Cope at (513) 424 - 5 C 10 Name of Contact Person Area Code & Daytime Telephone Number		
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

CR2E045 (03/12)

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 Florid 2 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Gem City IV, Inc.
2. The principal office address: 6107 Market AVC.
Franklin OH 45005
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/23/2004 Document number: PO40015 9466
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
lyan B. Lewis
6900-29 Daniels Parkway # 324
Ft. Mycrs, FL 33912
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ω "
702 Pinellas Bayway S P.O. Box NOT acceptable
Tierra Verde, FL 33715
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.
Signature of an officer or director Thomas Franck Provident Printed or typed name and title
I hereby 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Thomas Frederick Typed or Printed Name
* * * FILING 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)