## P0400165014

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL MAIL
(Business Entity Name)		
(Da	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

(57/17/06) 1A/KO

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: GAG REFLEX, INCORPORATED	
(Name of Co	rporation)
DOCUMENT NUMBER: P04000165614	
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:
Michael K. McFadden	
(Name of Cont	act Person)
Attorney and Counselor at Law	
(Firm/Cor	npany)
200 Clearwater-Largo Road Sou (Addre	
Largo, Florida 33770	,
(City/State and	Zip Code)
For further information concerning this matter, please ca	dl:
Laura R. Gottschalk	at ( 727 ) 584-8161 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flostatement of change is submitted for a corporation organized under the laws of the Sta in order to change its registered office or registered agent, or both, in the Sta	te of Florida
1. The name of the corporation: GAG REFLEX, INCORPORATED	
2. The principal office address: 11349 71st Terrace, Seminole, Florida 33776	5 T
3. The mailing address (if different): n/a	SSEE OF THE PERSON OF THE PERS
4. Date of incorporation/qualification: 11-19-2004 Document number: P0	4000165614
5. The name and street address of the current registered agent and registered office on Florida Department of State:	file with the
Michael K. McFadden	
200 Clearwater-Largo Road South	
Largo, Florida 33770	
6. The name and street address of the new registered agent (if changed) and /or register (if changed):  Tom Verdensky	
7600 131 Street N. Seminole Fr (P.O. Box NOT acceptable)	<del></del>
The street address of its registered office and the street address of the business office as changed will be identical.	ce of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, of the corporation has been notified in writing of the change.  (Signature of an other or director)  I hereby accept the appointment as registered agent and agree to act in this capacitative for any duties, and I am familiar with and accept the obligation of my position as registered in writing of this change.  (Signature of Registered Agent)  (Signature of Registered Agent)  (Date)	erdensky Kes.
(Typed or Printed Name)	

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