106000019916

(Requestor's Name)		
(Add	dress)	
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(,	u1000)	
(City	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do:	cument Number)	
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Cartified Canica	Cartificator	of Status
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	,

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2008

TIMOTHY ROBBINS
GAUGED CREATIVE HOUSE INC.
5730 MAIN ST
NEW PORT RICHEY, FL 34652

SUBJECT: GAUGED CREATIVE HOUSE INC.

Ref. Number: P06000019916

We have received your document for GAUGED CREATIVE HOUSE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 008A00042072

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Gauged (ritive House Inc. (Name of Corporation)			
DOCUMENT NUMBER: 9060000 1916			
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:			
Timethy Robbia) (Name of Contact Person)			
Gargel (1947 House Inc. (Firm/Company)			
5730 Main St. (Address)			
(Address)			
New Port Richy, FL 34652 (City/State and Zip Code)			
(City/State and Zip Code) For further information concerning this matter, please call:			
(Name of Contact Person) at (727) 688-5157 (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 B.O. Boy 6327 Cliffor Publisher			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change	rovisions of sections 607.0502, 617.0502, 607.1508 ge is submitted for a corporation organized under	the laws of the State of Florida	
in order	to change its registered office or registered agent,	or both, in the State of Florida.	
1. The name of the	· ————————————————————————————————————	Dre.	
2. The principal of	ffice address: 5730 Main St. New Port Richey, F	E 34652	
3. The mailing add	dress (if different):		
4. Date of incorpo	oration/qualification: 23 7006 Docu	iment number: <u>P06</u> 600 9916	
5. The name and s Florida Departn	street address of the current registered agent and rement of State:	gistered office on file with the	
_	Tmothy Rubbis	29	
_	3534 Grenslen (ir		
_	Palan Harbor, FL	34684	
6. The name and street address of the new registered agent (if changed) and /or registered office			
(if changed):	Timothy Robbins	<u> </u>	
-	5730 Main St.		
	(P.O. Box NOT acceptable) New Part Richer,	FL 34652	
The street address as changed will be	s of its registered office and the street address of the identical.	the business office of its registered agent,	
Such change was authorized by the	authorized by resolution duly adopted by its board, or the corporation has been notified in w	ard of directors or by an officer so riting of the change.	
	e of an officer or director)	(Printed ortyped name and tile)	
I hereby accept th I further beree to of my duties, and document is being corporation has b	he appointment as registered agent and agree to comply with the provisions of all statutes relativ I am familiar with and accept the obligation of r g filed merely to reflect a change in the registere been notified in writing of this change.	act in this capacity. We to the proper and complete performance my position as registered agent. Or, if this ad office address, I hereby confirm that the	
(Signal	ature of Registered Agent)	8/14/2008	
If signing on beh		(174c)	
Jigilling on ovin	7	SECRETARY OF STATE AGIROLT SECRETAIN	
(Тур	ped or Printed Name)	2008 AM 8: 00	
	* * * FILING FEE: \$35.00	***	