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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: G & P Market Corp (Name of Corporation)
DOC	UMENT NUMBER: P 0 6000076097
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Joe KURUVILA (Name of Contact Person)
	(Firm/Company)
	Gos 3 MIRAMAR PKWY (Address)
	MIRAMPR 12. 33023 (City/State and Zip Code)
For fu	arther information concerning this matter, please call:
<u> </u>	(Name of Contact Person) at (454) 983-3497 (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

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 Florida.
1. The name of the corporation: SP NARKET CORP
2. The principal office address: 4112 NW 135 57 OPALOCKA, +72 33 054
3. The mailing address (if different): 6053 marrange PKWY
MIRAMAR, 12. 33023
4. Date of incorporation/qualification: Document number: P 0600 507609
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)
Abraham C. KURUVILA, ESQ.
4117 NW 135 ST PR
OPALOCKA, 12. 33.054
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Oe KURUVILA
GOS3 MIRAMAR PKWY SA
MIRAMAR, FL-33023
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) (Printed or typed name and tifle)
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:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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