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COVER LETTER

Amendment Section Division of Corporations

TO:

CEACO NET TAIC
SUBJECT: GEACO, NET INC. (Name of Corporation)
DOCUMENT NUMBER: PO 6000 95521
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:
Bruce S. Siegel (Name of Contact Person)
GEACO. NET INC. (Firm/Company)
309 Citrus Driva
No kom is FL 34275 (City/State and Zip Code)
For further information concerning this matter, please call:
Sruce S. Breed at (941) 468 9191 (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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: $GEACU$, NET INC .
2. The principal office address: 3588 N Salfy and Alvd.
2. The principal office address: 3588 N Salford Blvd. North Port FL 34286
3. The mailing address (if different):
4. Date of incorporation/qualification: 19 July 2006 Document number: P0600095521
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Siegel - Urrera, PA.
Elsi. Sanchez
1840 Southwest 22 street, 4th Floor
1840 Southwest 22 Street, 4th Flour Miam: FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bruce S. Biegel 309 Citrus Drive (P.O. Box NOT acceptable) No Komis, FL 34275 No Komis, FL 34275
309 Citaux Drive
(P.O. Box NOT acceptable)
Nokomis, FL 34275 85 0
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, of the corporation has been notified in writing of the change.
(Signature of the officer or director) Edward E. Handin CEO (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.
B + Byt 2007
(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 * * *

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