## P06000115132

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Or 1,33,01

## **COVER LETTER**

SUBJECT: GILD CORPORATION (Name of Corporation) DOCUMENT NUMBER: P06000115132 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: MONIQUE GILLES (Name of Contact Person) GILD CORPORATION (Firm/Company) 15411 SW 160TH ST (Address) MIAMI, FL 33187 (City/State and Zip Code) For further information concerning this matter, please call: MONIQUE GILLES (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Flor registered agent, or both, in the State of Flor	LORIDA
	the corporation: GILD CORPOR		
	office address: 15411 SW 160T		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/06/200	Document number: P060001	15132
	I street address of the current regist trnent of State:	ered agent and registered office on file with	the
	15411 SW 160TH ST		
	MIAMI, FL 33187		08 JAN 22 SECRETARY ALL AHASSE
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	22 AM IO: ARY OF STA SSEE, FLOA
	MONIQUE GILLES		PATE ORDER
	15411 SW 160TH ST		<i>&gt;</i>
	MIAMI, FL 33187	peptable)	
The street addre	ess of its registered office and the be identical.	street address of the business office of its r	registered agent,
Such change wa authorized by th	as authorized by resolution duly acte board for the corporation has be	dopted by its board of directors or by an of en notified in writing of the change.	fficer so
(Signatu	re of ar of the for director)	PRESIDENT (Printed or typed name and title	<del>)</del>
I furthér agrêe t of my duties, and document is bei	to comply with the provisions of a d I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and compi he obligation of my position as registered o e in the registered office address, I hereby nange.	lete performance agent. Or, if this confirm that the
	Mylla	01/19/2008	
	mature of/Registered Agent)	(Date)	——
MONIQUE (	half of an entity:		
	yped 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 (8/05)