P010000000954

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>_</u>

Office Use Only



200234263472

05/03/12--01019--010 **35.00

12 MAY -3 PH 12: 02

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: G+L PENFORM AWCE IWC. Name of Corporation
DOCUMENT NUMBER: PO70000954
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:
CERALO LOBIONDO. Name of Contact Person
G+L Pes Form muce Firm/Company
8085 W. SAMPLE RJ. Address
CORAL Springs FL 33065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GENALD LOBIONDO at (954) 494-5052 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 **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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: G+L Pen FORMANCE (NC-
	office address: 8085. W. Sample Rd
	ORAL Springs, FL 33065
3. The mailing ac	idress (if different):
4. Date of incorp	oration/qualification: 103/07 Document number: P07 000 000 954
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Genard LaBiondo
	1791 BLOUNT Rd # 812
	Pompmo Bench, FL 33069
6. The name and (if changed):	Pompmo Beach, Ft 33069 street address of the new registered agent (if changed) and /or registered office Genuld Lobiondo 8085 W. Sample Rd.
	Gerald Cobiondo
	8085 W. Sample R.J. P.O. Box NOT acceptable
	P.O. Box NOT acceptable
	COLAL Springs, FL 33065
The street address as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
<u>Je</u> l	of an opticer or director General Los and places of less dear
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this ig filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
<u>JL</u>	Ature of Registered Agent 4/30/12 Date
If signing on beh	alf of an entity:
Тур	ped 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