P08000005765

(December 1 - November 1	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	:
(Business Entity Name)	į
(Document Number)	.,
Certified Copies Certificates of Status	•
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R.A. Charge C.COULLIETTE NOV 07 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: GERLHARD INC Name of Corporation
Name of Corporation
DOCUMENT NUMBER: PO800000 5765
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:
GERHARD TREVIRANUS Name of Contact Person
Name of Contact Person
GERHARD INC Firm/Company
Firm/Company •
1731 VINTAGE ST Address
Address
KISSIMMEE, FL 34746 City/State and Zip Code
City/State and Zip Code
GETCHARD GOLHARDINCOILPORATED. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOUHARD TREVIRANUS Name of Contact Person at (407) 9328476 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

$^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1 5	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of
	office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CE	TRHARD INC
2. The principal office address: 173	
KISSIMMEE	
3. The mailing address (if different): \(\frac{1}{2}\)	20 BOX 452626, KISSIMMEE FL 3474
4. Date of incorporation/qualification:	116108 Document number: P08000005765
5. The name and street address of the cur Florida Department of State: (If resign	rent registered agent and registered office on file with the ed, enter resigned)
<u>GERHA</u>	REVIRANUS
822 B	RYAN ST
KISSIM	WEE EL 3474
6. The name and street address of the new (if changed):	w registered agent (if changed) and /or registered office
<u>aekh</u>	ARD TREVIRANUS
1751	P.O. Box NOT acceptable
KISSI	MMEE FL 347-46
•	e and the street address of the business office of its registered agent,
Such change was authorized by resoluti authorized by the board, or the corporat	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
Signature of an officer or director	GERHARD TREVIRANUS Printed or typed name and title
I hereby accept the appointment as regi I further agree to comply with the provi of my duties, and I am familiar with and document is being filed merely to reflec corporation has been notified in writing	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete performance d accept the obligation of my position as registered agent. Or, if this t a change in the registered office address, I hereby confirm that the g of this change.
Signature of Registered Agent	11/2/09 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
CR2E045 (8/05)

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