P0800001554

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SECRETARY OF STATE STATE ALLAHASSEE, FLORIDA

RA Chans

COVER LETTER

TO: Amendm Division	ent Section of Corporations					
SUBJECT:	GC Consultin	g Internation of Corporati	nal Corp.			
DOCUMENT N	UMBER:	P0800001	5554			
The enclosed Star	tement of Change of Register	ed Office/Agent	and fee are submit	ted for filing.		
Please return all o	correspondence concerning th	is matter to the f	ollowing:			
		Ėdda Čaputto) <u> </u>			
	Nan	ne of Contact Pe	rson	•		
_ : • *	GC Consu	ilting Internati	onal Corp.			
		Firm/Company				
	5309 Whitten Drive					
, in the second	,	Address				
	N.I.	onlog 51. 241	M			
	Naples; FL 34104 City/State and Zip Code					
	can	uttoe@cantv.r	net			
	E-mail address: (to be us	sed for future a	nnual report notif	ication)		
For further inform	nation concerning this matter	, please call:				
	Edda Caputto	at (_	305	515-7802		
N	ame of Contact Person		rea Code & Dayti	me Telephone Number		
Enclosed is a \$35	.00 check made payable to the	ne Dëpartment of	State.	:		
•	Mailing Address: Amendment Section	4	Street Address: Amendment Sc	ection		
	Division of Corpora		Division of Co	rporations		
	P.O. Box 6327		Clifton Buildin			
	Tallahassee, FL 323	14	Tallahassee, F.	e Center Circle L 32301		

CR2E045 (8/05)

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

<u> </u>	· .		07.1508, or 617.1508, Flor Lunder the laws of the State	
	* · · · · · · · · · · · · · · · · · · ·		unaer ine laws of the State agent, or both, in the State	• • • • • • • • • • • • • • • • • • • •
				•
	the corporation: GC CC			· · · · · · · · · · · · · · · · · · ·
2. The principal	office address: 5309 W	nitten Da ve ; Na	pies Ft. 34 104	
•		manistra de la compania de la compa		
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification:	02/11/2008	Document number:	P08000015554
and the second s	street address of the currement of State; (If resigne		and registered office on fil	e with the
الله رواضر غيرت	Daniel Rojas	ر استان المسائر المسائر المسائر المسائر المسائ	. Land to the second se	
	5309 Whitten Drive			
	Naples, FL 34104			
6. The name and	street address of the new	registered agent (i	changed) and /or registere	d office
(if changed):				doffice JUL 2
	Edda Caputto			
	5309 Whitten Drive		in the state of th	PH 12:
7.24		P.O. Box NOT acc	eptable	2
	Naples, FL 34104			· · · · · · · · · · · · · · · · · · ·
The street address changed will	ess of its registered office he identical.	e and the street add	ress of the business office	of its registered agent,
			its board of directors or bed in writing of the change	
Secondary Company	ne of an ottoer or director		Edda Caput	to, DPT
I hereby accept I further agree of my duties, an document is bei		stered agent and a sions of all statutes accept the obligat t a change in the re of this change.	gree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I)	•
**	Millelille		07/19/20	010
Sig	nature of Registered Agent		Date	:
If signing on be	half of an entity:			•
T	yped 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 * * *