## P100000000009

| (Re                                     | equestor's Name)   |             |  |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bi                                     | isiness Entity Nar | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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ECRETARY OF STATIONS DIVISION OF CORPORATIONS

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## **COVER LETTER**

| Division of Co           |  |
|--------------------------|--|
| SUBJECT:                 | GSA CONSULTING, CORP   |
|                          | Name of Corporation  |
| DOCUMENT NUMB            | ER: P10000006779   |
| The enclosed Statemen    | t of Change of Registered Office/Agent and fee are submitted for filing.   |
| Please return all corres | condence concerning this matter to the following:  |
| <del></del>              | GALO SANCHEZ  Name of Contact Person   |
|                          | , and or contact I cross   |
|                          | GSA CONSULTING, CORP Firm/Company  |
| _                        | Firm/Company   |
|                          | 12680 SW 144 TERRACE   |
|                          | Address  |
|                          | City/State and Zip Code Manager (1997)   |
|                          | The state of the s |
| E-n                      | nail address: (to be used for future annual report notification)   |
| For further information  | concerning this matter, please call:   |
| Ga                       | lo Sanchez at ( 786 ) 256-9393   |
| Name o                   | lo Sanchez at (786) 256-9393 Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a \$35.00 ch | eck made payable to the Department of State.   |
|                          | Mailing Address: Amendment Section  Street Address: Amendment Section  |
|                          | Division of Corporations Division of Corporations  |
|                          | P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  |

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

| statement of chair  | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute<br>ange is submitted for a corporation organized under the laws of the State of Florid<br>der to change its registered office or registered agent, or both, in the State of Florida  | la  |
|---|--|---|
| 1. The name of t  | the corporation: GSA CONSULTING, CORP  |   |
| 2. The principal  | office address: 12680 SW 144 TERRACE, MIAMI, FL 33186  |   |
| 3. The mailing a  | address (if different):  |   |
| 4. Date of incorp   | rporation/qualification: 01/22/2010 Document number: P1000   | 0006779   |
|   | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)   | ·.  |
|   | Galo E. Sanchez  |   |
|   | 11478 SW 237 Terrace, Miami FL 33032   |   |
| 6. The name and (if changed):                               |  | OVERSION OF CORPORTS                            |
|   | Gato E. Sanchez  | CORPO   |
|   | 12680 SW 144 TERRACE, MIAMI, FL 33186 P.O. Box NOT acceptable  | 1:32  |
| The street addre  | ress of its registered office and the street address of the business office of its registly be identical.  |   |
| Such change wa<br>authorized by th                          | as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.   | er so   |
| Signature   | Galo E. Sanchez - Direct  Galo E. Sanchez - Direct  Printed or typed name and title  | or  |
| I further agree to<br>of my duties, and<br>document is beir | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete nd I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address, I hereby con is been potified in wrifing of this change. | performance<br>it. Or, if this<br>firm that the |
| 7   | July 1, 2011  page Agent Date  |   |
| If signing on bel   | ehalf of an entity:  |   |
|   | Galo E. Sanchez Typed or Printed Name  |   |

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