P10000068423

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SECKE TARY OF STATE
ANASSEE FLORIDA

RA Change Thew 10-28-11

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	ECT:	GT ON TIME, INC	C on		
DOCU	MENT NUMBER:	P1000006	8493		
The en	closed Statement of Change of	Registered Office/Agent	and fee are submitted for filing.		
Please	return all correspondence conce	erning this matter to the f	ollowing:		
		LIVAN PAMPILL Name of Contact Per	_O		
	SMART	ACCOUNTING SO Firm/Company	LUTIONS INC		
	8204 CRYSTAL CLEAR LN SUITE 1000 Address				
ORLANDO, FL 32809 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this	s matter, please call:	·		
	LIVAN PAMPILLO) at (407) 816-9904		
	Name of Contact Person	n A	407) 816-9904 rea Code & Daytime Telephone Number		
Enclose	ed is a \$35.00 check made payal	ole to the Department of	State.		
	Mailing Address Amendment S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	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 cha	provisions of sections 607. ange is submitted for a corp er to change its registered o	poration organized	l under the laws of the Sta	ate of FLOF	RIDA	_	
1. The name of	the corporation: GT ON	TIME, INC					
	office address: 4225 SU O FL 32837	IMMIT CREEK	BLVD APT 6303				
· · · · · · · · · · · · · · · · · · ·	address (if different): SAM	1E					_
	poration/qualification:		Document number:		0006849	3	_
	d street address of the curre rtment of State: (If resigned		and registered office on t	file with the			
	JUAN M GUERRER	O (RESIGNED))				
	4225 SUMMIT CRE	EK BLVD APT	6303				
	ORLANDO, FL 3283	37			₩ .00		
6. The name and (if changed):	I street address of the new	registered agent (if	changed) and /or register	red office	ELLAHAS	1 OCT 28	
	ELKER TORRES				***		Ė
	4225 SUMMIT CRE				19.13 18.53	₩ ::	כ
	ORLANDO, FL 3283	P.O. Box NOT acco	eptable		5	ယ်	
The street addre	ess of its registered office be identical.	and the street add	ress of the business offic	e of its regis	stered age	nt,	
Such change was	authorized by resolution te board, or the corporation	n duly adopted by on has been notifie	its board of directors or d in writing of the chang	by an office ge.	er so		
Signatur	re of an officer or director		JUAN M GUERREI	RO (DIRE)	CTOR)		
I hereby accept I further agree i of my duties, an document is bei corporation	the appointment as regist to comply with the provisi d I am familiar with and a ng filed merely to reflect a been notified in writing a	ered agent and ag ons of all statutes accept the obligat a change in the re of this change.	ree to act in this capacii relative to the proper ar ion of my position as reg gistered office address, l	ty. id complete istered agen hereby conj	performar it. Or, if t firm that t	nce his he	
Sig	nature of Registered Agent		10/20/2 Date	2011		-	
If signing on be	half of an entity:						
E	LKER TORRES						
	yped or Printed Name						

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Fl}{Fl}$ in the State of Fl in the State of Flower to change its registered office or registered agent, or both, in the State of Flower	LORIDA	_	
1. The name of	the corporation: GT ON TIME, INC			
	office address: 4225 SUMMIT CREEK BLVD APT 6303 O FL 32837			
3. The mailing a	ddress (if different): SAME			
4. Date of incorp	poration/qualification: 08/19/2010 Document number: P1	000006849	3	
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	JUAN M GUERRERO (RESIGNED)			
	4225 SUMMIT CREEK BLVD APT 6303	****		
	ORLANDO, FL 32837	WITHWAY SHOULD	3 6	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	نہے لاکیا	[28 A)	F
	ELKER TORRES	TO THE	AH 11: 43	U
	4225 SUMMIT CREEK BLVD P.O. Box NOT acceptable		ည်	
	ORLANDO, FL 32837			
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered age	nt,	
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an o	fficer so		
Jeul	JUAN M GUERRERO (DI Printed or typed name and title	RECTOR)	_	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity o comply with the provisions of all statutes relative to the proper and compd I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performan agent. Or, if t confirm that t	ıce his he	
	10/20/2011			
_	nature of Registered Agent Date		-	
It signing on be	half of an entity:			
	LKER TORRES ped 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 * * *