## P11000074714





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2012

GERARD ROY GAP LEARNING AND TECHNOLOGY, INC 2608 DURANT WOODS ST VALRICO, FL 33596

SUBJECT: GAP LEARNING AND TECHNOLOGY, INC.

Ref. Number: P11000074714

We have received your document for GAP LEARNING AND TECHNOLOGY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 112A00028845

s nesessay lhanges for your request:

Shouk you,

Gerard Roy

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: GAP Learning and Technology, INC

Name of Corporation

DOCUMENT NUMBER. P11000074714

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:

Gerard Roy

Name of Contact Person

GAP Learning and Technology, INC

Firm/Company

2608 Durant Woods St.

Address

Valrico, FL 33596

City/State and Zip Code

groy@clearsurfusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerard Roy

,813

841-9734

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: GAP Learning and Technology, INC
2. The principal	office address: 2608 Durant Woods St., Valrico, FL 33596
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 8-22-2011 Document number: P11000074714
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
	United States Corporation Agents, Inc.,
	13302 Winding Oak Court, Suite A, Tampa, FL 33612
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Gerard A. Roy	
	Gerard A. Roy
	2608 Durant Woods St.
	P.O Box NOT acceptable  Valrico, FL 33596
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
<u>June</u> Signatur	GURACO A. Roy Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Gerard	A. Rey 12-1-2012 nature of Registered Agent Date
	thalf of an entity:
	A. Roy  yped or Printed Name

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