

P11000084962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

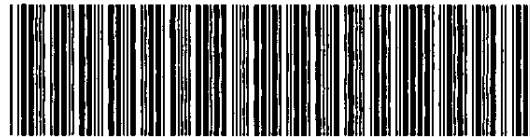
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 12 PM 3:15

AUG 15 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE OF ADDRESS**

Name of Corporation

DOCUMENT NUMBER: **P11000084962**

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:

KAMAL PATEL

Name of Contact Person

GNSP CORP

Firm/Company

9304 BALM RIVERVIEW RD

Address

RIVERVIEW, FL 33569

City/State and Zip Code

TALK2KKP@GMAIL.COM

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

For further information concerning this matter, please call:

KAMAL PATEL

Name of Contact Person

at **(813) 671-6000**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GNSP CORP
2. The principal office address: 11902 BOYETTE RD
RIVERVIEW, FL 33569
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/28/2011 Document number: P11000084962
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)

SHILPA PATEL

11902 BOYETTE RD

RIVERVIEW FL 33569

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHILPA PATEL

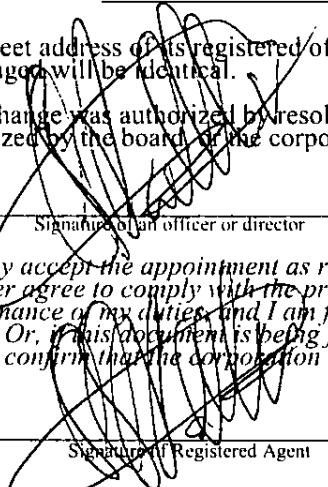
9304 BALM RIVERVIEW RD

P.O. Box NOT acceptable

RIVERVIEW FL 33569

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

SHILPA PATEL / PTSD

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.

Signature of Registered Agent

08/05/2013

Date

If signing on behalf of an entity:

SHILPA PATEL

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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