P12000091820

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

RAI RO Change

T. CARTER

COVER LETTER

TO: Amendment Section **Division of Corporations**

Gayle Bouterse, Inc.

212000091820

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:

Gayle Bouterse

Name of Contact Person

Gayle Bouterse, Inc.

8832 Forester Lane

Apex, NC 27539
City/State and Zip Code

gaylebinc@gmail.com

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

For further information concerning this matter, please call:

Bouterse

Name of Contact Person

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

•	•	02, 607.1508, or 617.1508, Florida Statut nized under the laws of the State of Flori	. *	<u></u>
-		ered agent, or both, in the State of Florid	la.	
1. The name of the corporat	ion: Gayle Bouters	e, Inc.		
2. The principal office addre	ess: 529 Oakhurst S	Street, Altamonte Springs	s, FL	_ 3270
	0000 5	hand and Annu NO 0750		
3. The mailing address (if di	ifferent): 8832 Fores	ter Lane, Apex, NC 2753	59	
4. Date of incorporation/qua	alification: 11/01/2012	2 Document number: P120000	0918	320
5. The name and street addr		agent and registered office on file with the	B .	
Gayle	Bouterse		SE SE	
11251	11251 Spinning Reel Circle		SEP	CRET
Orland	lo, FL 32825		-2	ARY ARY SSE
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			PM 3: 06	OF STATE
Joann	e Johnson			>
529 O	akhurst Street			
Altamonte Springs, FL 32701				
The street address of its reg as changed will be identical	istered office and the street	address of the business office of its regi-	stered	agent,
Such change was authorize authorized by the board, or	d by resolution duly adopted the corporation has been no	by its board of directors or by an office tified in writing of the change.	r so	
Gayle Bouterse, President Printed or typed name and title				
I further agree to comply w performance of my duties. a	rith the provisions of all stati and I am familiar with and a	d agree to act in this capacity. utes relative to the proper and complete eccept the obligation of my position as re ect a change in the registered office add n writing of this change.	egister Iress, I	ed
A COLOR		08/27/14		
Signature of Registresisting on behalf of an el	_	Date		
Joanne Johnson	•			
Typed or Printed				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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