14000042313

(Requestor's Name)	. : [
(Address)	}
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	s T
(Document Number)	OCT
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TO: Amendment Section Division of Corporations		
SUBJECT: G & L BUSINESS VENTUF Name of Corporation	RES, INC.	
DOCUMENT NUMBER: P14000042313	## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · _ ## · ## · _ ## ·	
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	wing:	
LAURA J. SULLIV Name of Contact Person	AN	
Firm/Company		
6153 LAFAYETTE S	TREET	
PORT RICHEY, FL 3 City/State and Zip Code	4652	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LAURA J. SULLIVAN at (72 Name of Contact Person Area	7 457 1436 Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: S	reet Address:	
	mendment Section ivision of Corporations	
•	lifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

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 the corporation: GELBUSINESS VENTURES INC.
2. The principal office address: 6210 GRAND BOULEVARD, NEW PORT RICHEY FL 34652
3. The mailing address (if different): 6153 Lafayette Street, New Port Riche FL 34652
4. Date of incorporation/qualification: 05·12·2014 Document number: P14000042313
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)
EUGENE A. SULLIVAN
7703 BRAMBLEWOOD DRIVE
PORT RICHEY, FL 34668
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
EUGENE A. SULLIVAN
6153 LAFAYETTE STREET P.O. Box NOT acceptable
NEW PORTRICHEY, FL 34652
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 a friction Laura J. Sullivan ST 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 October 13.2017 Date
If signing on behalf of an entity:
EUGENE A. SULLIVAN Typed or Printed Name

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 * * *