

P140000 9/17/6

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY 22 2015

C LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GROUND COVER INDUSTRIES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P14000091716

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:

STEVEN GAMBLA

Name of Contact Person

GROUND COVER INDUSTRIES, INC.

Firm/Company

PO BOX 1933

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

STEVE@LANDSCAPEFABRIC.COM

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

For further information concerning this matter, please call:

STEVEN GAMBLA

Name of Contact Person

at ( 847 ) 909-3658

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: GROUND COVER INDUSTRIES INC.
2. The principal office address: 578 CALLE ESCADA  
SANTA ROSA BEACH FL 32459
3. The mailing address (if different): PO BOX 1933  
SANTA ROSA BEACH FL 32459
4. Date of incorporation/qualification: 11/7/14 Document number: P14000091716
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)

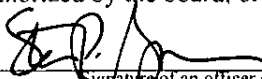
30 N. WILDFLOWER DRIVE #621  
SANTA ROSA BEACH FL 32459

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

STEVEN GAMBLA  
578 CALLE ESCADA  
P.O. Box NOT acceptable  
SANTA ROSA BEACH FL 32459

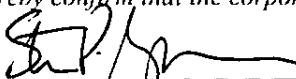
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

STEVEN P. GAMBLA  
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

~~5/12/15~~ 5/12/15  
Date

If signing on behalf of an entity:

STEVEN P. GAMBLA  
Typed or Printed Name

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

15 MAY 18 AM 8:25  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA