

P15000051363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

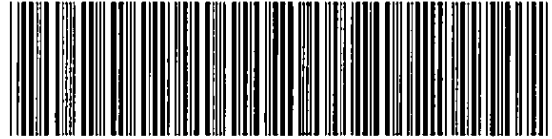
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TALLAHASSEE, FLORIDA

2023 NOV -3 AM 11:04

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAM HARDWARE, INC
Name of Corporation

DOCUMENT NUMBER: P15000051363

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:

GORDON W. SMITH
Name of Contact Person

GAM HARDWARE INC
Firm/Company

4250 SKIPJACK CV
Address

NICEVILLE, FL 32578-7150
City/State and Zip Code

Gsmithbank@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon W. Smith at (954) 654-1090
Name of Contact Person Area Code & Daytime Telephone Number

note: additional fee of \$10.00 ✓
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2023

GORDON W. SMITH
4250 SKIPJACK CV
NICEVILLE, FL 32578-7150

SUBJECT: GAM HARDWARE, INC.
Ref. Number: P15000051363

We have received your document for GAM HARDWARE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00024276

10/28/23

ENCLOSURE

- THIS LETTER dtd 10/10/23
- COMPLETED COVER LETTER & FORM FOR A FLORIDA PROFIT CORP.
- ADDITIONAL FEE OF \$10.00 CK# 2973 dtd 10/28/23

RECEIVED
2023 NOV -3 PM 12:12
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**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: GAM HARDWARE INC
2. The principal office address: 4250 SKIPJACK CV
NICEVILLE, FL 32578-7150
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 06/11/2015 Document number: P15000051363
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)

GEORGE MASSOUD
4868 CITRUS WAY
COOPER CITY, FL 33330

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

4250 SKIPJACK CV
NICEVILLE, FL 32578-7150

P.O. Box NOT acceptable

TALLAHASSEE, FLORIDA

2023 NOV -3 AM 11:04

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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]
Signature of an officer or director

George W. Smith, Secretary
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]
Signature of Registered Agent
George W. Smith

10/28/2023
Date

If signing on behalf of an entity:

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 (04/13)