

Page 3 of 4 2016-11-04 14:35:12 CST 19542080845 From: Ranae McGraw
11/4/2016 Division of Corporations

P15000094542

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002735013)))



H160002735013ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
DARIEN GCR, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
16 NOV -4 PM 4:10

FILED
16 NOV -4 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176380
FROM	Ranae McGraw
DATE	2016-11-04 14:33:56 CST
RE	DARIEN GCR, INC.

COVER MESSAGE

KaityToon
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Office (614) 280-3338
kaity.toon@wolterskluwer.com<mailto:James.tanks@wolterskluwer.com>
[https://connect.wolterskluwer.com/GRCS/Brand%20Compliance%20Resources/Shared
%20Documents/WK_H_01_Pos_RGB_0072_Color.jpg]
4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com<http://www.wolterskluwer.com/>

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.

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: DARIEN GCR, INC.
2. The principal office address: 382 OLD OAK CIRCLE PALM HARBOR, FL 34683
3. The mailing address (if different): P.O. BOX 1895 PALM HARBOR, FL 34682
4. Date of incorporation/qualification: 11/12/2015 Document number: P15000094542
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)

Thomas Wert

200 South Orange Av, Suite 1000

Orlando, FL 32801

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

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

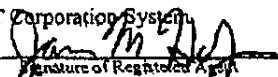
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

R VICTOR TAGLIA, DIRECTOR
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.

By: 
Signature of Registered Agent

11/4/2016

Date

If signing on behalf of an entity:
James M. Halpin
Assistant Secretary
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)

16 NOV - 4 PM 12:11
FILED
TALLAHASSEE, FL
SECRETARY OF STATE