P9400000 3665

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000349501390

0c/06/20--01013--020 ★+35.00

2020 AUG -6 AMII: 3C SECRETIARY OF STATE

JQ 04/30/20

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, on ange is submitted for a corporation organized under the er to change its registered office or registered agent, or b	laws of the State of Florida	
1. The name of	the corporation: Garyjames, Inc		
	office address: 8624 N Himes Avenue, Tampa FL 33614		
3. The mailing a	address (if different): PO Box 271508, Tampa FL 33688		
	poration/qualification: 1/7/1994 Documer	nt number: P9400003665	
	d street address of the current registered agent and register rtment of State: (If resigned, enter resigned)	ered office on file with the	
Gary J Johnson			
	1208 W Charter Street		2020
	Tampa, FL 33602	二	2020 AUG
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		9
	Anthony J Giudicy	OF STA	AM 11: 30
	8624 N Himes Avenue		30
	P.O. Box NOT acceptable		
	Tampa, FL 33614		
The street addre as changed will	ss of its registered office and the street address of the b	usiness office of its registered ag	ent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of e board, or the corporation has been notified in writing	directors or by an officer so of the change.	
Loven	Karen Edward	s, CFO	
Ų	111	med of a ped hanne and time	_
I hereby accept to further agree to further agree to further and further, and document is being corporation has	the appointment as registered agent and agree to act in o comply with the provisions of all statutes relative to the lam familiar with and accept the obligation of my pong filed merely to reflect a change in the registered office the polified in writing of this change.	n this capacity. he proper and complete perform sition as registered agent. Or, if ce address, I hereby confirm that	unce this the
Ma	7/3	7/3030	
1	ateric of Registered Agent	Date	_
f signing on beh	nalf of an cmity:		
Anthony Giudicy			
Ту	ped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314 CR2E045 (04/13)