

P44 000049937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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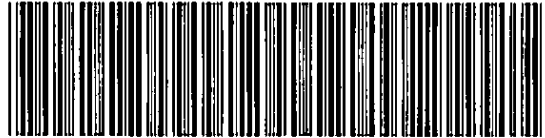
(Business Entity Name)

(Document Number)

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cf 9/10/2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Great American Capital Corp.  
Name of Corporation

DOCUMENT NUMBER: P94000049937

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:

Carl A. Noriega  
Name of Contact Person

Great American Capital Corp.  
Firm/Company

1500 Weston Rd. Suite 3054  
Address

Weston - FL 33326  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) Carl@great-AMERICAN.NET

For further information concerning this matter, please call:

CARL A. NORIEGA at ( 305 ) 318-2424  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Great American Capital Corp.
2. The principal office address: 1500 Weston Rd. <sup>Suite</sup> # 3054  
Weston - FL 33326
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 07/06/1994 Document number: P94000049937
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)

Patricia M. Noriega  
6941 SW 196<sup>th</sup> Ave. Ste. 34  
FT. Lauderdale - FL 33332

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

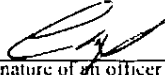
Same  
name

Patricia M. Noriega  
1500 Weston Rd. <sup>Suite</sup> # 3054  
P.O. Box NOT acceptable  
Weston - FL 33326

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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 of an officer or director

Carl A. Noriega  
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

6-1-22  
Date

If signing on behalf of an entity:

Patricia M. Noriega - Registered Agent  
Typed or Printed Name

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