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GATEHOUSE CORPORATION 481 17TH AVE., S. NAPLES, FL 34102

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

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, the
undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation: GATEHOUSE CORPORATION
1. The name of the corporation: GATETIOUSE CORPORATION
2. The mailing address of the corporation: P.O. 3143
NAPLES JEL 34106
3. Date of incorporation/qualification: 7-14-97 Document number: P 9700061383
4. The name and address of the current registered agent and registered office:
Susanne Schache
2304 Harrier Run
Naples, 71, 34103
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
same as above
ASE 00
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.
JOY-18=05
(Signature of an officer, chairman or vice chairman of the board) (Date)
Susanne Schadu
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
(organismo or responsible)
If signing on behalf of an entity: USanne Schade CED
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *