

P98000032986

Requester's Name	
Gary McCormick & Assoc. 1413 Homeport Dr. Navarre Beach, FL 32566	
City/State/Zip	Phone #

600003508746--3
-12/20/00--01052--006
*****35.00 *****35.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 20 AM 8:04

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ 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

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Address Chg.

V SHEPARD JAN 3, 2001

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: GARY McCONNICK & ASSOCIATES, INC

2. The street address of the current registered office:

1454 CARIBL DR.

NAVANAE BEACH, FL 32566

3. The street address of the new registered office:

1413 HOMEPORT DR.

NAVANAE BEACH, FL 32566

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The corporation has been notified in writing of this change.

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

Date: 10/25/2010

[Signature]
(Signature of Registered Agent)

GARY D. McCONNICK
(Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314