## P99000038289

| (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: |  |  |  |  |  |
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## TRANSMITTAL LETTER

| Division of Corporations   |  |  |  |  |  |
|--|--|--|--|--|--|
| . <u></u>  |  |  |  |  |  |
| SUBJECT: G. S. Properties of Tampa, Inc. (Name of corporation)                               |  |  |  |  |  |
|  |  |  |  |  |  |
| DOCUMENT NUMBER: P99000038289  |  |  |  |  |  |
| The enclosed Statement of Change of Registerd Office/Agent and fee are submitted for filing. |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                    |  |  |  |  |  |
|  |  |  |  |  |  |
| Ernest L. Smith  |  |  |  |  |  |
| Ernest L. Smith (Name of person)   |  |  |  |  |  |
|  |  |  |  |  |  |
| G.S Properties of Tampa, Inc. (Name of firm/company)   |  |  |  |  |  |
| (Ivanie of Introduction)   |  |  |  |  |  |
|  |  |  |  |  |  |
| 815 S. Howard Ave. (Address)   |  |  |  |  |  |
|  |  |  |  |  |  |
| Tampa, FL 33606  |  |  |  |  |  |
| (City/state and zip code)  |  |  |  |  |  |
| For further information concerning this matter, please call:                                 |  |  |  |  |  |
|  |  |  |  |  |  |
| Ernest I. Smith at (813 ) 251-1884 (Area code & daytime telephone number)                    |  |  |  |  |  |
| (thank of person)  |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                         |  |  |  |  |  |
|  |  |  |  |  |  |
| Mailing Address:  Amendment Section  Street Address:  Amendment Section                      |  |  |  |  |  |
| Division of Corporations Division of Corporations  |  |  |  |  |  |
| P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399               |  |  |  |  |  |
|  |  |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR GORPORATIONS

| Pursuant to the provisions of se<br>change is submitted for a corpo   |   |   |   | •  |
|---|---|---|---|--|
| to change its registered office of  | -   | · <del>-</del>  |   |  |
| 1. The name of the corporation:   | G .S Proper   | ties of Tampa,  | Inc.  |  |
| 2. The principal office address:  | 815 S. Howard   |   |   |  |
|   |   | 3606_   |   |  |
| 3. The mailing address_(if differ   | ent):   |   |   |  |
| 4. Date of incorporation/qualific   | cation: 4/23/99   | Document numbe  | r: <u>p990</u> 00038289                       | <u>.                                    </u> |
| 5. The name and street address of Florida Department of State:  | of the current registred a  | agent and registered offic  | ce on file with the                           |  |
| J F   | Ronald Wigginto   | <u> </u>  |   |  |
| 300   | N. Franklin St  | reet  | **************************************        | 030  |
| Tamp  | pa, FL 33602  | · <del>=</del> ·  |   | · <u> </u>                                   |
| 6. The name and street address (if changed):  | of the new registerd age  | nt (if changed) and /or re  | ان است الله الله الله الله الله الله الله الل | 5 AH (C) 03                                  |
| Erne  | est L. Smith  |   | 0; 5.<br>0 0; 5.                              | 9  |
| 815   | S. Howard Ave<br>(P.O. Box or personal  | mailbox NOT acceptable)   | <u>&gt;</u>                                   |  |
| Tamp  | a, FL 33606   |   | <u></u>                                       |  |
| The street address of its registe changed will be identical.  |   |   |   |  |
| Such change was authorized by<br>the board, or the corporation has  | y resolution duly adopte<br>as been notified in writ  | ed by its board of directing of the change.   | ers or by an officer so                       | authorized by                                |
| ,   |   |   | WWW MUW                                       |  |
| (Signature of an office   | r or director)  | Erne  | rinted o yped name and title                  | ecretary                                     |
| I hereby accept the appointmen<br>I further agree to comply with a<br>duties, and I am familiar with a<br>being filed merely to reflect a d<br>been notified in writing of this | nt as registered agent a<br>the provisions of all sta<br>and accept the obligation<br>change in the registered<br>change. | and agree to act in this c<br>autes relative to the prop<br>on ofmy position as regi<br>d office address. I hereb | anaaitu                                       |  |
|   |   |   | WAS AULUT                                     | <b>)</b> .                                   |
| (Signature of Registe   | ered Agent)   |   | (Date)  |  |
| If signing on behalf of an entity   | y:  |   |   |  |
| (Typed or Printed N   | Jame)   | <del></del>   | (Canacity)                                    |  |

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