

511835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

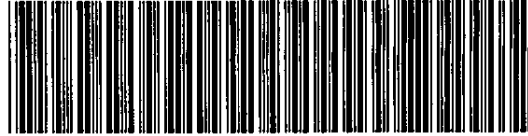
(Business Entity Name)

(Document Number)

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2016 SEP 28 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2015
A RAMSEY

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gel-KOR ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: S11835

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:

Alan S. KORNMAN
Name of Contact Person

GEL-KOR Enterprises INC
Firm/Company

1809 E. BROADWAY Street Ste 351
Address

Orlando, FL 32765
City/State and Zip Code

WENDYGELLER@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY GELLER at (407) 620-7030
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2015

Alan S. Kornman
Gel-Kor Enterprises Inc.
1809 E. Broadway St., Ste 351
Oviedo, FL 32765

SUBJECT: GEL-KOR ENTERPRISES, INC.
Ref. Number: S11835

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document to

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 915A00019538

9/23/2015

Dear Ms Ramsey,

Enclosed please find the filled out form.

hopefully it is correct! Your office has already received our check. Any questions/concerns, please email/call me at info provided on cover letter

Thank you! Regards Wendy Geller

www.sunbiz.org

**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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GEL-KOR ENTERPRISES, INC
2. The principal office address: 581 Willingham Road
Chuluota, FL 32766
3. The mailing address (if different): 1809 E. Broadway St Suite 351
Duiedo FL 32765
4. Date of incorporation/qualification: 10/21/1990 Document number: S11835
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)

ALAN KORNMAN

2933 Starwood Dr

Duiedo FL 32765

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

ALAN KORNMAN

581 Willingham Rd

P.O. Box NOT acceptable

Chuluota, FL 32766

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.

Wendy E Geller
Signature of an officer or director

WENDY E GELLER VP
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)