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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR -6 PH 1: 50



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Gillman Real Estate Sales & Consulting, Inc.

Name of Corporation

OCUMENT NUMBER, \$3018

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:

Jordan Gillman

Name of Contact Person

Gillman Real Estate Sales & Consulting, Inc.

Firm/Company

PO Box 2639

Address

Sarasota, FL 34230

City/State and Zip Code

jgillman@baywestproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Gillman

.,941

355-8000

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.			
	the corporation: Gillman Real Estate Sales & Consulting, Inc.			
2. The principal	office address: 6222 Tower Lane, B3, Sarasota, FL 34240			_
				_
3. The mailing a	address (if different): PO Box 2639, Sarasota, FL 34230		***************************************	-
4. Date of incor	poration/qualification: 2/7/1991 Document number: S30189			-
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)			
	Stacey Gillman			
	6222 Tower Lane, B5	SEC	55 1 ¥	
	Sarasota, FL 34240	RETAF	MAR -6	11)
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY OF STATE AHASSEE, FLORID	5 PM 1:50	
	Stacey Gillman	PRIE	50	
	6222 Tower Lane, B3	Þ		
	P.O. Box NOT acceptable Sarasota, FL 34240			
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered agent.	,	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer board, of the corporation has been notified in writing of the change.	so		1
			101	ϕ
	are of an officer or director Printed of typed name and title	/ ¹		Ū
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	istered ess, I		
\bigcup	nature of Registered Agent Date			
If signing on be	chalf of an entity:			
Т	yped or Printed Name			

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