101842

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	те)		
(Do	ocument Number)	· .		
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PA-Change 09-16-10 De

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: GCJ Enterprise	s, Inc						
Name of Corp	oration						
DOCUMENT NUMBER:	1842						
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:						
,							
Gary C. Jones Name of Contact Person							
Name of Contact Person							
GCJ Enterprises, Inc.							
Firm/Comp	any						
928 North Ferd	don Bivd						
Address							
Crestview, FL 32536							
City/State and 2	ip Code						
gjones9603@a E-mail address: (to be used for futu	iol.com						
E-man address. (to be used for futu	re annual report notification)						
For further information concerning this matter, please call:							
Gary C Jones	_{st (} 850 ₎ 5854377						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department	nt of State.						
Mailing Address:	Street Address:						
Mailing Address: Amendment Section	Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the	provisions of sections 607.0	0502, 617.0502, 6	07.1508, or 617.1508, Flo	rida Statutes, this
-statement of cha	inge is submitted for a corp	oration organizea m	under the laws of the Stat	e of Florida
in orde	er to change its registered o	nice or registerea	agent, or voth, in the State	z oj Fioriaa.
	the corporation: GCJ En			
2. The principal	office address: 928 North	n Ferdon Blvd		
Crestview	, FL 32536			
3. The mailing a	address (if different): PO	Box 39		
Crestvie	w, FL			<u> </u>
4. Date of incor	poration/qualification:	12/31/91	_ Document number:	V01842
	d street address of the current rtment of State: (If resigned		and registered office on f	ile with the
	Jones, Gary C.			
	2541 Ferol Lane			
	Lynn Haven, FL 324	44		
6. The name and (if changed):	d street address of the new r	registered agent (i	changed) and /or register	ed office Si
	Jones, Gary C.			e de la companya de l
	229 Oakcrest Lane			
		P.O. Box NOT acc	eptable	等 3 3 3 3 3
	Freeport, FL 32439			,
The street addr as changed wil	ess of its registered office l be identical.	and the street add	ress of the business offic	e of its registered agent,
Such change wanthorized by t	as authorized by resolution he board, or the corporation	n duly adopted by on has been notifi	its board of directors or ed in writing of the chang	by an officer so ge.
Na	my lim		Chairr	
•	t the appointment as regist to comply with the provisi ad Lam familiar with and d ing files merely to reflect of the provided in writing of	ered agent and a ons of all statute. accept the obliga a change in the re of this change.	Printed or typed nam gree to act in this capacit is relative to the proper ar tion of my position as reg egistered office address, I	
Wal	WY-		09/09/	/10
Si	gn tire of Registered Agent		Date	
If signing on b	ehalf of an entity:			
 ,	Gary C. Jones Typed or Printed Name			

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