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(((H08000037063 3)))



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Division of Corporations

Fax Number : (850)617-6380 -

RE-SUBMIT

From:

Phone : (850)222-1092

Fax Number : (850)878-5926

Account Name : C T CORPORATION SYSTEP LEGIN ORIGINAL filing date of submission 2/12

REGISTERED AGENT CHANGE

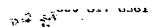
GPRA COMMERCIAL ENTERPRISES, INC.

Certificate of Status	0
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Page Count	of (3)
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Fabruary 12, 2008

FLORIDA DEPARTMENT OF STATE

GPRA COMMERCIAL ENTERPRISES, INC. Division of Corporations 337 MAGNA DRIVE AURORA, ON L4G 7-K1CA

SUBJECT: GPRA COMMERCIAL ENTERPRISES, INC.

REF: P05000074205

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

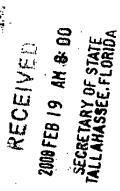
Number 5 must reflect the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II PAX Aud. #: H08000037063 Letter Number: 608A00009131

> *RE-SUBMIT* Please retain original filing date of submission 2/12



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
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: GPRA COMMERCIAL ENTERPRISES, INC.
2. The principal office address: 901 SOUTH FEDERAL HWY., HALLANDALE BEACH, FL
33009
3. The mailing address (if different): 337 MAGNA DRIVE, AURORA, ONTARIO, LAG 7K1
4. Date of incorporation/qualification: May 20, 2005 Document number: P05000074205
5. The name and street address of the current registered agent and registered office on file with the Plorida Department of State:
515 east Park Ave.
Tallahassee, Fl. 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
(P.O. Box NOT acceptable) PLANTATION, FL 33324
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 nonfied in writing of the change.
William G. Ford - Sucretary (Signature of all olivery) William G. Ford - Sucretary
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 compline 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 megaly to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Deble To State of Backward Astron State of State
If signing on behalf plaz
Assistant Secretary (Typed or Printed Name)

MANE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314
CR25041 (8/05)

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