P40317

(Re	equestor's Name)					
(Ad	dress)					
, <u>.</u>						
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	· #\				
(6	y otato zipri none	· "' <i>)</i>				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	ocument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



400268697154

F. F. Barrell : 02/02/15--01030--028 : ★★35.00

SECRETARY OF STAIL TALL ATTACE - 2 PM 1: 08

FEB 0 6 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 30, 2015

Order#: 468484-039

Re: GMMI, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0: inge is submitted for a corpo r to change its registered off	ration organized unde	er the la	tws of the State of $\underline{\mathbb{I}}$	ГX		_
1. The name of t	the corporation: GMMI, INC.						
	office address:ORD TERRACE, SUITE 30						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 08/28	3/1992 Do	cument	number: P40317			
	I street address of the current timent of State: (If resigned,		register	ed office on file wi	th the		
	Raija Itzchaki						
	1300 CONCORD TERRACE, Suite 300						
	SUNRISE		FL	33323		15	JAT JAS
6. The name and (if changed):	I street address of the new re	gistered agent (if char	nged) ar	nd /or registered off	ice	FEB -2	CRETAR LAHAS
	Corporation Service Comp	any				PH	
	1201 Hays Street						10.13 71.8
	Tallahassee	P.O. Box NOT acceptable	FL	32301		80	ATE RIDA
The street addre	ess of its registered office ar be identical.	nd the street address of	of the bu	usiness office of its	regist	ered a	agent,
Such change was authorized by th	as authorized by resolution one board, or the corporation	luly adopted by its bo has been notified in v	oard of owniting	directors or by an o of the change.	officer	so	
		Dona F	•	/ice President			
I further agree a performance of agent. Or, if the hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed m that the corporation has be on Service Company	ns of all statutes relat r with and accept the erely to reflect a cha	o act in ive to th obligatinge in t	he proper and comp tion of my position he registered office	plete as reg	gistere ess, I	ed
By: X	ace Company	01/29/	2015				
Sig	nature of Registered Agent			Date			
If signing on be	half of an entity:						
-	Asst. Vice President						
T	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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