

Electronic Filing Cover Sheet

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Do:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (305)672-0686 Fax Number : (305)672-9110

28 AM 8: 00 of change and

REGISTERED AGENT CHANGE

GMRI CANADA, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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4/28/06 1:00 PM

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, this nge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	he corporation: GMRI Canada, Inc.
2. The principal	office address: 5900 Lake Ellenor Drive, Orlando, FL 32809
3. The mailing a	ddress (if different): 5900 Lake Ellenor Drive, Orlando, FL 32809
4. Date of incorp	poration/qualification: 4/27/1995 Document number: P95000033111
	I street address of the current registered agent and registered office on file with the tment of State:
	Corporation Service Company
	1201 Hays Street
	Tallahaceae Fl 32301.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office 22
	Corporate Creations Network Inc.
	11380 Prosperity Farms Road, Suite 221E
	(P.O. Box NOT accoptable) Palm Beach Gardens, FL 33410
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, of the corporation has been notified in writing of the change.
your Ir	L. West Drylas E Woutz
I hereby accept I further agree of my duties, an document is bei corporation has	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 performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
(5)	Should Has D4 gnamor of Registered Agent) United
If signing on be	half of an entity:
D. Start	t, Assistant Secretary.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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