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(Red	questor's Name)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
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Certified Copies	_ Certificate:	s of Status						
Special Instructions to F	Filing Officer:							
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R.A. Charge

C. Coulliette AUG 2 2 2006



ION SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 325270 7114976
AUTHORIZATION CAMEBOLENA.
COST LIMIT : \$35.00
ORDER DATE : August 21, 2006
ORDER TIME : 4:25 PM
ORDER NO. : 325270-005
CUSTOMER NO: 7114976
CHANGE OF AGENT
NAME: GMRI CANADA, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Carina L. Dunlap EXT# 2951
EXAMINER:

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

Pursuant to the provisions of section 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal of	office address: _	5900 L	ake Ellenor	Drive,	Orlando,	FL 32809	<u> </u>
3. The mailing ac	ldress (if differe	ent):					
4. Date of incorp	oration/qualific	ation:	4/27/1995	Docu	ment Numbe	er: <u>P950000</u>)33111
5. The name and Florida Depart			_	igent and	registered of	fice on file with	OF AU
_	11380 Prosperi	ty Farms	Road #221E				を の
	Palm Beach Garde						る。
6. The name and (if changed):	street address of Corporation Se				ged) and /or	v	OF AUG 22 AM IO: OI
	1201 Hays Stre						3 元
•	Tallahassee Fl	(P.O.	Box Not acceptable)			ラボー
The street address agent, as changed	l will be identic	al.					· ·
Such change was authorized by the	s authorized by board, or the c	y resoluti orporatio	on duly adopte n has been noti 7	fied in wr	ting of the cl	hange.	n officer so nt Secretary
<i>U</i> . •	e of an officer or di	-			(Printed or Typ	ed name and title)	
I hereby accept to I further agree performance of n agent. Or, if thi hereby confirm th	to comply with ny duties, and I s document is l nat the corpora	the pro am famil peing filed	ovisions of all iar with and ac d merely to ref	statutes cept the o lect a cha	relative to t bligation of r nge in the re	he proper and ny position as i gistered office (registered
(Signatu If signing on beh	re of Registered Age alf of an entity:	C	arina L. Duni t. Vice Presi		 	(Date)	
(Typed	or Printed Name)					•	
· • •	•		-				

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 41 Fourth Street liami Beach FL 33139 05) 672-0686