Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

Pax Number : (305)672-9110

REGISTERED AGENT CHANGE

GMRI RESUPPLY WAREHOUSE COMPANY

Certificate of Status

Certificate of Status

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Page Count

Estimated Charge

\$35.00

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Corporate Filing Menu

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: GMRI Resupply Warehouse Company	
2. The principal	office address: 5900 Lake Ellenor Drive, Orlando, FL 32809	
3. The mailing a	address (if different): 5900 Lake Ellenor Drive, Orlando, FL 32809	
4. Date of incor	poration/qualification: 5/15/1997 Document number: P9700004334	9
	d street address of the current registered agent and registered office on file with the tunent of State:	
	Corporation Service Company	1:
	1201 Hays Street	OS SE
	Tallahassee, FL 32301	JAN CRET
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	-9 PM ARY OF ASSEE, I
	Corporate Creations Network Inc.	H 2: 46 F STATE F FLORID
	11380 Prosperity Farms Road, Suite 221E	NDA TE
	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 registe be identical.	ered agent,
	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change. White Corporation has been notified in writing of the change. White Corporation has been notified in writing of the change. White of an officer or director. (Pfinited or typed name and title)	
I hereby accept I further agree to of my duties, and document is best 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 per a lamiliar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confir been notified in writing of this change.	erformance Or, if this rm that the
	2000 1/9/06 enature of Registered Agent) (Date)	
If signing on be	half of an entity:	
D.Stout	t, Assistant Scurtary.	

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)