## F08.000002291

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
,		





100279298261

12/21/15--01031--006 \*\*35.00



17/2300



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 janis.smith@cscglobal.com

Date: December 17, 2015

Order#: 904068-004

Re: GSM (RETAIL), 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.

OUCA.XCOA

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of <u>CA</u> t or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: GSM (RETAIL	), INC.	
	l office address: RWORKS WAY, IRVINE CA 92	618	
3. The mailing	address (if different):		
4. Date of incor	Pate of incorporation/qualification: 05/20/2008 Document number: F08000002291		
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	NRAI SERVICES, INC	是一一	
	1200 SOUTH PINE ISLAND ROAD		
	Plantation	FL 33324	
6. The name an (if changed):	•	stered agent (if changed) and /or registered office	
	Corporation Service Compan	у	
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addr as changed wil	ess of its registered office and I be identical.	the street address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
		Dona Priebe, Vice President	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions ( f mv duties, and I am familiar v	Printed or typed name and title  I agent and agree to act in this capacity.  of all statutes relative to the proper and complete  with and accept the obligation of my position as registered  ely to reflect a change in the registered office address, I  notified in writing of this change.	
By: 1	· Quene	12/16/2015	
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Sylvia Queppe	t, Asst. Vice President		
7	Typed or Printed Name	<del></del>	

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