

**424956**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC  
Account Number : I20180000010  
Phone : (305)530-9400  
Fax Number : (305)530-9409

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**REGISTERED AGENT CHANGE  
GATEWAY INVESTMENT GROUP, INC.**

Certificate of Status	0
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APR 26 2018

**S. YOUNG**

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

Pursuant to the provisions of sections 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.

1. The name of the corporation: GATEWAY INVESTMENT GROUP, INC.  
2. The principal office address: 6250 NW 35TH AVENUE  
MIAMI, FLORIDA 33147  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/04/1973 Document number: 424956

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LAMONT & NEIMAN, P.A.100 N. BISCAYNE BLVD, SUITE 801MIAMI, FLORIDA 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NEIMAN & INTERIAN, PLLC2020 PONCE DE LEON BLVD, SUITE 1005BP.O. Box NOT acceptableCORAL GABLES, FLORIDA 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Abraham Salstein, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

4/25/2018  
Date

If signing on behalf of an entity:

Alberto Interian, Manager

Typed or Printed Name

\*\*\* 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 (03/12)

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