A08000000988

(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP WAIT MAIL					
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JAN 1 1 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: December 5, 2019

Order#: 076874/005

Re: GMK VENTURES, LLLP

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	GMK VENTL				
Na	me of Limited Partnership or Limi	ted Liability Lin	nited Partnership)	
2. 12/02/2008		3.	A0800000988		
Date of filing/registration in Florida		1	Florida document number		
4. The name of the re Department of State:	gistered agent and the registered o	ffice address as	shown on the rec	cords of the Florida	
	Kazma, G <u>era</u> lo	J, director			
	Name	e			
	980 n federal hwy SUITE 315				
	Addre				
	BOCA RATON	FL	33432		
	City, State a	and Zip		-' 	
5. The name and Flor	ida street address of the new regis	tered agent and/o	or office:	Alfabraci, Legisto A	
	Corporation Serv	rice Compan	у	는 . 공	
	Name	e		ST.	
	1201 Hays	Street			
	Florida street address (P.C). Box not accep	table)		
	Tallahassee	FL	32301		
	City, State a				
6. Such change(8) is/a	arc effective when filed by the Flor	rida Department -	of State.		
I hereby accept the ap- comply with the provi	cuthorized Person On Behalf Of oppointment as registered agent and sions of all statutes relative to the an accept the obligations of my poor Service Company	l agree to act in . proper and com	this capacity. 1 j plete performant	further agree to	
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50				