Division of Corporations Public Access System

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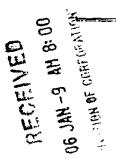
From:

ACCOUNT Name : CORPORATE CREATIONS INTERMATIONAL INC.

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

Fax Number

: (305)672-9110



REGISTERED AGENT CHANGE

GMRI REALTY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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1/9/06 11:41 AM

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 Statut ange is submitted for a corporation organized under the laws of the State of <u>Man</u> er to change its registered office or registered agent, or both, in the State of Florid	yland		
1. The name of	the corporation: GMRI Realty, Inc.			
2. The principal	office address: 6000 Lake Ellenor Drive, Orlando, FL 32809			.
3. The mailing a	address (if different): 6000 Lake Ellenor Drive, Orlando, FL 32809			_
4. Date of incor	poration/qualification: 10/19/2000 Document number: F000000058	351		_
	d street address of the current registered agent and registered office on file with the riment of State:	:		
	Corporation Service Company			
	1201 Hays Street	• - ?	0	
	Taliahassee, FL 32301		06 JA	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	HASSEE	JAN -9 PM	7111
	Corporate Creations Network Inc.	FST	1 ič H	
	11380 Prosperity Farms Road, Suite 221E	ATE	Ŧ	
	(P.O. Box NOT soccytable) Palm Beach Gardens, FL 33410			
The street addr	ess of its registered office and the street address of the business office of its regi	istered age	nt,	
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
- Joy	Doug E. West Doug E. West West of an officer of director)	て:		
I hereby accept I further agree of my duties, an document is be corporation ha	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 and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby cons been notified in writing of this change.	e performa int. Or, if infirm that	nce this the	
	gnature of Registered Agent) (Date)		-	
	chalf of an entity:			
D. Sto	1H, Assistant Schetary. 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 (8/05)