

05/25/2012 15:11 850-245-8884

DEPT. OF STATE

PAGE 01/02

MAY-20-2012 15:57
Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CTPROCOMPLY
Account Number : 120100000053
Phone : (608) 827-5300
Fax Number : (608) 827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: whart8groupgmt.com

REGISTERED AGENT CHANGE
GROUP MANAGEMENT SERVICES, INC.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY-25-2012 15:57

P.02

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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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GROUP MANAGEMENT SERVICES, INC.
 2. The principal office address: 3296 Columbia Rd., Richfield, Ohio 44286
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/2001 Document number: F01000005381
 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)

KAHOE Mike
5627 ATLANTIC BLVD., STE 6
JACKSONVILLE/FL 32207

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

C T Corporation System
1200 South Pine Island Road, Plantation, Florida 33324

P.O. Box NOT acceptable

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 officer or director

William Hart, Secretary

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.

Mark

Signature of Registered Agent

16th day of May, 2012

Date

If signing on behalf of an entity:

Mark Williams, AVP

Typed or Printed Name

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

MAKES CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (8/05)

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TOTAL P.02