Follows 3610

| (Requestor's Name) (Address) | 400166334104 | | |
|--|---|--|--|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 01/19/10—01052—003 **35.00 SECRETARY OF STATE PALLAHASSEE, FLORIDA RALLAHASSEE, FLORIDA | | |



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

January 12, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

GTM...It Means A lot, Inc.

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, GTM...It Means A lot, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

National Registered Agents, Inc.

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | | |
|---|---|--|--|--|--|--|--|
| SUBJI | ECT: GTMIt Means Alot, Inc. | poration) | | | | | |
| DOCU | DOCUMENT NUMBER: F06000003610 | | | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Matt Thompson (Name of Conta | ct Person) | | | | | |
| National Registered Agents, Inc. | | | | | | | |
| | (Firm/Comp | pany) | | | | | |
| 11600 College Blvd., Suite 210 (Address) | | | | | | | |
| | Overland Park, KS 66210 (City/State and 2 | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| | Matt Thompson (Name of Contact Person) | at (800) 550-6724 (Area Code & Daytime Telephone Number) | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |

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

| statement of cha | nge is submitted for a | corporation organiz | 607.1508, or 617.1508, Florida Stated under the laws of the State of Geo ed agent, or both, in the State of Flor | orgia |
|--|---|---|---|----------------------------------|
| 1. The name of t | | | GTMIt Means Alot, Inc. | ruu. |
| 2. The principal Atlanta, G | office address: 239 W | /alker Street, SW | | |
| | ddress (if different): | | | |
| 4. Date of incorp | oration/qualification: | 05/22/2006 | Document number: F06000 | 003610 |
| | street address of the comment of State: | urrent registered age | ent and registered office on file with t | he |
| | CT Corporation | n System | | 20 FAL |
| | 1200 South Pir | ne Island Roa | d | |
| | Plantation, FL | 33324 | | AN 19 |
| 6. The name and (if changed): | l street address of the n | ew registered agent | (if changed) and /or registered office | E FLORID OF STATE OF STATE |
| | NRAI Services | , Inc. | | 9 |
| | 2731 Executive | | Suite 4 | |
| | Weston, FL 3 | O. Box NOT acceptable) | | |
| The street addre as changed will | ess of its registered off be identical. | ice and the street ac | ddress of the business office of its re | egistered agent, |
| Such change wa authorized by th | s authorized by resolute board, or the corpor | tion duly adopted l ation has been noti | by its board of directors or by an off fied in writing of the change. | ficer so |
| XA - | ure of an officer or director) | | X Shawn Hou | ward Partner |
| I hereby accept I further agree t of my duties, an document is bei corporation has plan 3000 | · 1 | gistered agent and visions of all statut nd accept the obligest a change in the ng of this change. Secretary | agree to act in this capacity, es relative to the proper and compleation of my position as registered a registered office address, I hereby of (Date) | |
| | half of an entity: Willes, Jrw., Typed or Printed Name) | Matt Thomps | on, Assistant Secretary | |

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