

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Emai	l Ad	ldre	SS:

REGISTERED AGENT CHANGE GME INNOTAINMENT, INC.

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

	7
	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tage is submitted for a corporation organized under the laws of the State of FLORIDA
-	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GME INNOTAINMENT, INC.
2. The principal	office address: 102 S TEJON ST STE 1100, COLORADO SPRINGS, CO 80903-2253
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 07/08/1983 Document number: G48025
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	HARRISON LAW PA
	8955 US HIGHWAY 301, 203
	PARRISH, FL 34219
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Registered Agents Inc.
	3030 N. Rocky Point Dr., STE 150A
	P.O. Box NOT acceptable
	Tampa, FL 33607
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
2 7	LISA DEMMONS, CEO Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
nereny congras	- 11
- 50C	anuto il Registered Agent 05 23 2017
If signing on bel	nalf of an entity:
BILL HAVR	
1у	ped 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)