L04000025878

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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03/08/05--01047--020 **25.00

OS MAR -0 PH 4:55 CHICAGO FIN

ATTORNEYS' TIT	LE	}	
Requestor's Name			
1965 Capital Circle NE,	Suite A	Į	
Tallahassee, FI 32308 City/st/Zip	850-222-2785 Phone #		
	(S) & DOCUMENT NUMBI	ER(S), (if known):	OS MINR -8 PH 4: 55
1- GMAK, LLC			- E
2-			
3-			
4-			
X Walk-in Mail-out	Pick-up time ASAP Will wait Photocopy	Certified Copy Certificate of Statu	us
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
Non-Profit	Resignation of R.A., Officer/I	Director	
Limited Liability	XXX Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/QUALIFICAT	ION	
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
Maine Acaervation	Trademark		
	Other		

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	GMAK, LLC	,	
		npany is: 6015 Chester Ci	rcle, Suite 210,	
Jacksonville, Florida 32				
4/6/04		L04000025878	 }	
3. Date of filing/registration in Florida		4. Document nun	4. Document number	
5. The name of the registe Florida Department of S		red office address as shown o	on the records of the	
	T. Geoffrey Heekin			
	One Independent Dri	Name ive, Suite 2200		
	Jacksonville, FL 322		05 MAR	
	City, S	tate and Zip		
6. The name and address of the new registered agent and/or office:				
	Maryam Ghyabi			
	6015 Chester Circle,	ame Suite 210	PH 4: 5	
•	Florida street address (P.O. Box NOT acceptable)		
	Jacksonville	FL 32217		
	City, Sta	te and Zip		
confirmed that after the ch	ange or changes are mad the registered agent will eby confirmed that the cl I liability company or as	der the laws of the State of Fle, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized otherwise provided in the artipany.	of the registered office	
(Signature of a member or authorize	zed representative of a member)			
Maryam Ghyabi				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered age s of all statutes relative to accept the obligations on the control of	nt and agree to act in this cap o the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	Pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00