

21100192389 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 605,0114 or 605,0116, 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. GMAA, LLC Name of the limited liability company: 2. (a) (b) Principal office address of limited liability company: Mailing address of limited liability company; (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 356 Prima Vera Cove 356 Prima Vera Cove Altamonte Springs, Florida 32714 Altamonte Springs, Florida 32714 8/9/2011 L11000091635 3. Date of filing/registration in Florida 4, Document number B&C Corporate Services of Central Florida, Inc. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 87 390 North Orange Avenue, Suite 1400 Orlando 32801 Regina Rabitaille (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 390 North Orange Avenue, Suite 1400 FL.³²⁸⁰¹ Orlando If the limited liability company is not organized under the laws of the State of Plorida, it is hereby confirmed that after the change or changes are made, the Plorida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited tiability company, it is hereby confirmed that the change(s) was/were authorized by of affirmative with of the members of the limited liability company or as otherwise provided in the articles of up anization or the operating agreement of the limited liability company. Mark H. Roberts Signature of a member or authorized representative of a member Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Ma Signature of Acgistered Agent

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25,00**

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