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## **COVER LETTER**

TO: Registration Section **Division of Corporations GM TECHNOLOGIES LLC** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sushma Chowdpry Mothukuri Name of Person **GM Technologies LLC** 225 E Burleigh Blvd Tavares, Fl 32778 City/State and Zip Code sushmachowd@ry4u@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sushma C Mothukuri Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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. Name of the limited liability company: GM Technologies LLC	3	
2. (a) Principal office address of limited liability compar	vv. 225 F Burleigh Blyd	
(Note: MUST BE STREET ADDRESS)	Tavares, FI 32778	72.53
(		E 8 1
		55
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	225 E Burleigh Blvd	36年 5
	Tavares, FI 32778	303
		6 5 E
Jan 20, 2012	L12000009557	
3. Date of filing/registration in Florida	<ol><li>Document number</li></ol>	77
5. (a) Registered Agent and Registered Office shown or Registered Agent:	the records of the Florida	Dept. of State:
Registered Agent.	ss s semgen	
Registered Office Address:	7930 Moonstone Drive	
	Sarasota, Fl 34223	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Sushma C Mothukuri	lress:
<b>NEW</b> Registered Office Address:	225 E Burleigh Blvd	
(MUST BE FLORIDA STREET ADDRESS)		
	Tavares	,FL 32778
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a s) was/were authorized by	e registered office Florida limited an affirmative vote of
Sushma C Mothukuri Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, hereby confirm that the limited liability company	agree to act in this capaci roper and complete perfor osition as registered agen verely reflect a change in th ny has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent