## 1170000 27405

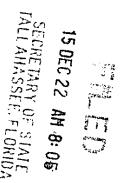
(Requestor's Name)								
(Address)								
(Address)								
(Cit	y/State/Zip/Phon	e #)						
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Na	me)						
(Dusiness Linky Name)								
(Do	cument Number)	1						
Certified Copies	es Certificates of Status							
Special Instructions to	Filina Officer:							
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Office Use Only



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DEC 2 2 2015
J SHIVERS

## COVER LETTER

_	ision of Corporations					
SUBJECT:	GMP 1024, LLC					
00001011	Nar	ne of Limited Lia	bility Company			
Dear Sir or l	Madam:					
The enclosed	d Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.			
Please return	n all correspondence concerning th	nis matter to the fo	ollowing:			
llena Alva	rez					
	Name of Person		<del>-</del>			
I.A. Law, F	PA					
	Firm/Company		_			
12555 Ora	ange Drive, Suite 4069					
	Address		-			
Davie, FL	33330					
	City/State and Zip Code		<del></del>			
ilena@iala	awpa.com					
E-mail	address: (to be used for future and	nual report notific	eation)			
For further i	information concerning this matter	, please call:				
Ilena Alva	rez	954	399-0749			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	Enclosed is a check for the following amount:					
☑ \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			
INHS18 (2/14	4)					

## 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.

1. Na	ame of the limited liability company: GMP 1024, L	LC					
2. (a)	6278 N Federal Highway		(b) 6278 N	N Federal Hig	Federal Highway PMB 392		
<i>2.</i> (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(5)	-	f limited liability company: E POST OFFICE BOX)		
	Fort Lauderdale, FL 33308	_	Fort La	auderdale, FL	33308		
	2/21/2013	_	L13000	027405			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	Alan B. Cohn						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRE	SS)		FALSE #		
	Fort Lauderdale	3330	9		5 DEC		
(b)	I.A. Law, PA  Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:	_	DEC 22 AM 8: 05 RETARY OF STATE AHASSEEL FLORIDA		
	NEW Registered Office Address:				5		
	12555 Orange Drive, Suite 4069						
	Davie , FL	3333	0				
the cha agent v was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member of a member or authorized representative of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this/change.	the reability of the limited limited	gistered offi company, it mited liabil d liability co ena Alvare	ice and the busing is hereby confit ity company or a company.  Printed or typed inactiv. I further	ness office of the registered rmed that the change(s) as otherwise provided in name of signee		
0	le of Rogistered Agent						

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