m100000002518

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	•
(Cit	ty/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(0.		
(DC	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

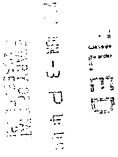
Office Use Only



900258412319

04/09/14--01017--002 **447.50

06/06/14--01008--028 **25.00



B. ∃OSTICK

JUN 1 0 2014

EVANINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GKA International Name of	ASSET Management Limited, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Albert Wessels Name of Person	
GKA	
Firm/Company	
DO Box 99 Address	
Buttalo NY 14205 City/State and Zip Code	
albert@nafdof.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Géza Major	(800) 219-1339
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
☎ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	ame of the limited liability company: GNA International Asset Management Limited, LL
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) PO Box 99, Buttalo, WY 14205 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	06/97/2010 <u>M10000002518</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Corporation Company of Miami Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	201 & Biscayne Blud, Suite 190 (WEM) Registered Office Address MUST BE FLORIDA STREET ADDRESS
	Miami , FL 33131
	Olsen Law Partners, LLP
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2310 tagewater pr.
	NEW Registered Office Address:
	Orlando ,FL 32804
If the I	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be intentical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
the art	ture of a member or sutherized representative of a member. Printed or typed pame of signer.
Signa	ture of a member Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of dil statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of myposition as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect address, I hereby confirm that the limited liability company has been d in writinglof this change.
Signati	ire of Registered Agent



April 10, 2014

ALBERT WESSELS GKA POST OFFICE BOX 99 BUFFALO, NY 14205

SUBJECT: GKA INTERNATIONAL ASSET MANAGEMENT LIMITED, LLC

Ref. Number: M10000002518

We have received your document for GKA INTERNATIONAL ASSET MANAGEMENT LIMITED, LLC and your check(s) totaling \$447.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00007782