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Office Use Only



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06/08/14--01008--027 \*\*25.00



B. TOTTICK
JUN 1 0 2014

TMER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GKA International (1) Name of Limite	North America ) Limited, LLC ed 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:
Albert Wessels Name of Person	
GKA Firm/Company	<u> </u>
PO Box 99 Address	
Buttalo, NV 14205 City/State and Zip Code	
albert @natdof.com	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, please call	
Géza Major at (80	00 , 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 amount:	
<b>■</b> \$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. Na	me of the limited liability company: <u>GKA International (North America) Limited,</u> L
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Principal office address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida  Corporation Company of Miami  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	201 5 Biscayre Blud, Suite 1500 (WGM) Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Miami ,FL 33131  Olsen Law Partners, LLP  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2518 Edgewater Dr  NEW Registered Office Address:  Orlando  FL 32804
the cha agent v was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
I herei provisi the obl to mere notified	Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the bins of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations for my dostrion as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ty reflect a chapter in the limited liability company has been in writing of this drawing.  The conference of a member of signee  Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee Printed or typed name of signee  Printed or typed name of signee  Printed or typed name of signee  Printed or typed name of signee  Printed or typed name of signee  I further agree to comply with the Draw of signee  Printed or typed name of signee  The printed or typed name of signee  I further agree to comply with the Draw of signee  Printed or typed name of signee  I further agree to comply with the Draw of signee  Or signed  Printed or typed name of signee  I further agree to comply with the Draw of signee  Or signey  Or



April 10, 2014

ALBERT WESSELS GKA POST OFFICE 99 BUFFALA, NY 14205

SUBJECT: GKA INTERNATIONAL (NORTH AMERICA) LIMITED, LLC

Ref. Number: M12000001323

We have received your document for GKA INTERNATIONAL (NORTH AMERICA) LIMITED, LLC and your check(s) totaling \$357.50. 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: 814A00007773