P01000052735

(Re	equestor's Name)				
(Ad	ldress)	<u> </u>			
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(Cit	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SLORETARY OF STATE
LLAHASSEE, FIORIE,

COVER LETTER

Division of Corporations					
SUBJECT: Gilbert Exposition Management Services, INC. (Name of Corporation)					
DOCUMENT NUMBER: P0/000052735					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Geff Myers (Name of Contact Person)					
(Name of Contact Person)					
Strombech Consulting, Inc.					
(Find Company)					
150 Terra Mango Loop (Address)					
Orlando, FL 32835 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (407) 522-0123 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					

Mailing Address:
Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 6 nge is submitted for a corporation to change its registered office or	organized u	nder the laws	of the State of	f Floria	
1. The name of the	ne corporation: Gilbert Ex	7051 HUH	Манадел	Ment Gr	VILLES, I	HC.
2. The principal of	office address: 1134 Cen	itral F	londa f	arhusy		<u> </u>
	Orland	•				
3. The mailing ac	ldress (if different):					,
4 Data of incom	oration/qualification:	001	Document nu	mber POI	0006 27	3 35 TI
	street address of the current regis				1	25
	Gillen	John			S F S	3
	2314 H	olly Ride	ge Dr.		DRIE ORIGINAL PROPERTY OF THE	Э: 03
			34761		T ►	
6. The name and (if changed):	street address of the new registere	ed agent (if c	hanged) and /	or registered o	office	,
	Geff	- Myer	5 (10	Strombec	L CONSUL	449
	150 Terry Mg (P.O. Box NOT a	HAO LOC	D O			J
	(P.O. Box NOT a	cceptable)	-F	_		
	Orlando,	<u> FL</u>	37837	5		
The street addre as changed will	ss of its registered office and the be identical.	street addre	ess of the bus	iness office of	f its registere	d agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by i	ts board of di in writing of	rectors or by f the change.	an officer so	
2/mety /2 (Signatur	re of an officer or director)		Cenneth (Printe	12. G. 14 ed or typed name a	nd title)	40.2
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered as o comply with the provisions of a I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c					ormance Or, if this that the
Hayi	2 Mua		4/20/2	(Date)		
(Sig	nature of Registered Agent)		Li Lui	(Date)		
	half of an entity:					
Ge# /	44675 ypped or Printed Name)	_				
(1	pped of Frince traine)					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *