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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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06/27/05--01046--022 **35.00

SECRETARY OF STATE AS CIVISION OF CORPORATIONS
2005 JUN 27 PH 12: 59

RA Address Chg.

630

COVER LETTER

Division of Corporations
SUBJECT: GEM MANAGEMENT, TNC (Name of corporation)
DOCUMENT NUMBER: 27-0015745
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:
GERRY MALIS (Name of contact person)
SAME (Firm/Company)
S100 NW 21 WY (Address)
BOCA RATON FL 33496 (City/state and zip code)
For further information concerning this matter, please call:
Gerry Malls at (T6) 989-9100 (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
409 E. Gaines Street
Tallahassee, FL 32399

TO:

Amendment Section

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

Pursuant to the provisions of sections 607.0502, 617.	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of	Α.
• • •	gistered agent, or both, in the State of Florida.)1
	<u>.</u> .	
1011-	anagement Tra.	
2. The principal office address: 63.45	NW 23 Teri	
BOCALO	ton, fl 33496	
3. The mailing address (if different):		۲.,
		2003 JUN
4. Date of incorporation/qualification:	Document number:	<u> </u>
5. The name and street address of the current registers Florida Department of State:	ed agent and registered office on file with the	į
GERRY A	AALIS	w.
Same		
	√ €1	
6. The name and street address of the new registered a (if changed): - Sawa / Source	agent (if changed) and /or registered office	
UEW CORP. OFFFICE + AL	ent address:	
C 2 4 5 (P.O. Box NOT accept	Nul 23 TER	
(P.O. Box NOT accept	able)	
BOCA R	MTON, FL 33496	
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent,	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
(Signature of an officer or director)	GEMY Maje	
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change it corporation has been notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the age.	?
Signature of Registered Agent)	6-22-05 (Date)	
If signing on behalf of an entity:		
Gerry Malis		

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