

P1000008592S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

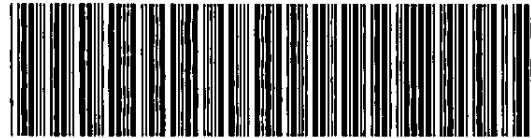
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R/A Chg

SEP 16 2014

R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GMG SERVICIOS CORP  
Name of Corporation

**DOCUMENT NUMBER:** P10000085925

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:

FERMIN MORALES  
Name of Contact Person

GMG SERVICIOS CORP.  
Firm/Company

2853 EXECUTIVE PARK DR #201  
Address

WESTON FL 33331  
City/State and Zip Code

Fmoraless@gmggrupo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERMIN MORALES at ( )  
Name of Contact Person 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

**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 statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GMG SERVICIOS CORP
2. The principal office address: 2853 EXECUTIVE PARK DR #201  
WESTON FL 33331
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/21/2010 Document number: P1 0000085925
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INGRID CASTELLANOS

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FERMIN MORALES

2853 EXECUTIVE PARK DR #201

P.O. Box NOT acceptable

WESTON FL 33331

STATE  
DEPARTMENT OF  
CORPORATIONS  
FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Fermin Morales

Signature of an officer or director

FERMIN MORALES

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Fermin Morales

Signature of Registered Agent

08/19/14

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)