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COVER LETTER

	ment Section n of Corporations	
SUBJECT:	GMG VENTURA COR	P. oration
DOCUMENT :	NUMBER: P100000 8593	35
The enclosed St	tatement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to	the following:
	Fermin Hor Name of Contact	-
	GMG Veut	DRA LORP.
	•	
	Address	TIVE PARK DR #201
·	WESTON FL City/State and 2	33331
	<u>_</u>	
	<u> </u>	2 GMG6RUPO. COM
	E-mail address: (to be used for futu	re annual report notification)
	rmation concerning this matter, please call	:
<u>ter</u>	Name of Contact Person	at () Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departme	ent 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

statement of ch	e provisions of section ange is submitted for er to change its reg	or a corpora	tion organiz	zed under	the laws	of the Si	tate of _	Florid		
	the corporation:	<i>G</i> M G		ura , c		in me oi	uic oy 1 i	<i>Or 144.</i>		
	l office address:	2853	<u> </u>	-		DR =	# 20I			
		WESTO	y FL	3333	አ	·				
3. The mailing	address (if differen	i):								
4. Date of incor	rporation/qualificat	on: <u>10-7</u>	20-2010	Docu	ıment nu	mber: _	P1000	008!	5935	
	nd street address of the artment of State: (If		_		gistered (office oi	n file with	h the		
	IN 6 D	D CAS	TELLA	Nos						
	2852	Exec	utive	Par	KI)r.	#20	シー		
	West	<u> </u>	<u> </u>	333	31					
6. The name an (if changed):	nd street address of	he new regis	stered agent	(if change	ed) and /	or regist	ered offi	ce	. · · · · · · · · · · · · · · · · · · ·	
` ' '	FERM	in Mo	RALES						18 th	7
		EXEC			DR -	#20	1			-\ - - - -
		P	O. Box NOT a	cceptable			<u>•</u>			
	<u> </u>	TON FI	<u> 33</u>	331					r E	
The street addr as changed wil	ress of its registered I be identical.	l office and	the street ac	ddress of	the busir	ness offi	ce of its	register	ed agent,	
Such change wauthorized by t	vas authorized by rethe board, or the co	solution dul rporation ha	y adopted b s been noti	oy its boar fied in wr	rd of dire	ectors or the chan	by an of	fficer so	ı	
Teen	min loss				Fer Printed o	1 (1) T typed nar	H on	Ales)	
I hereby accep. I further agree performance of agent. Or, if th hereby confirm	t the appointment of to comply with the f my duties, and I a his document is bei a that the corporati	is registered provisions on m familiar v ng filed mer on has been	agent and of all statut with and accept to reflect notified in	agree to des relative cept the octor of a chang writing of	act in thi e to the p bligation te in the i this cha	s capac proper a 1 of my p register inge.	ity. ind comp position t ed office	olete us regist address	tered s, I	
- Fez	min Hon gnature of Registered Age	ماوح			06	3/19/1	14			
	ehalf of an entity:									
	Typed or Printed Name		,							
		* * * FII	LING FEE	: \$35.00 ⁷	* * *					