

P100000085961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

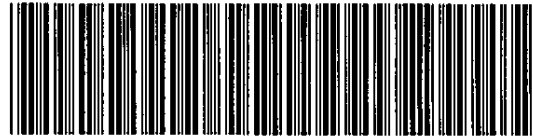
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263705119

09/08/14--01015--006 **35.00

FILED
14 SEP -8 AM 10:07
OFFICE OF THE CLERK
OF THE DISTRICT COURT
OF THE STATE OF MONTANA

RALPH
@ 9.12.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GMG MEDICAL CORP
Name of Corporation

DOCUMENT NUMBER: PI 0000085961

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 MEDICAL CORP
Firm/Company

2853 EXECUTIVE PARK DR # 201
Address

WESTON FL 33331
City/State and Zip Code

Jmorales@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 MEDICAL 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: 10-20-2010 Document number: P100000 85961
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
2853 Executive Park Dr. #201
Weston, FL 33331

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

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

08/19/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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