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CORPORATION	NAME(S) & DOCUMENT NU	MRFP(S) (if known):
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Di	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Total Joseph McMartheon Makes		1
OTHER FILINGS	- REGISTRATION/	
Annual Report	QUALIFICATION	QA Chg.
Fictitious Name	Foreign	,
Name Reservation	Limited Partnership	
	Reinstatement	VS MAY 1 2 1997
	Trademark	
	Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 28, 1997

GMH ENTERPRISES, INC. 801 N. MAGNOLIA AVE., STE. 408 ORLANDO, FL 32803

SUBJECT: GMH ENTERPRISES, INC.

Ref. Number: P95000021312

We have received your document for GMH ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Letter Number: 397A00021746

Velma Shepard Corporate Specialist

GMH Enterprises, Inc.

801 N. Magnolia Ave., Suite 408 Orlando, Fl. 32803 (407) 481-8670 Fax (407) 481-8671

May 5th, 1997.

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl.32314

Attention: Velma Shepard Corporate Specialist

Subject: GMH Enterprises, Inc.

Ref: P95000021312

Your Letter Number: 397A00021746

Dear M/s Shepard

In compliance with your request, we resubmit herewith the application for our new registered agent together with a copy of your subject letter for your reference. If you have any further question regarding the filing of our application, please feel free to contact us at (407) 481-8670.

Thank you for your kind assistance in this matter.

Yours, Sincerely

8:36

RECEIVED

Michael Hsu Lice President

P. S. William P. William P. S. William P. S. William P. W

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: GMH ENTERPRISES, INC.
THE
1a. The name of the corporation is: 6MH ENTERPRISES, LNC. 1b. The mailing address of the corporation is: 1816 Seveca BLVD. WINTER SPRINGS, FL. 32708
1c. Date of incorporation: MARCH 16, 1995. Document number: P950000 21312
2. The name and address of the current registered agent and office:
CAPITAL CONNECTION INC.
417 E. VIRGINIA ST. SUITE I
TALLAHASSEE, FL. 32301
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
LAW FAMILY INVESTMENTS, INC.
801 NORTH MAGNOLIA AVENUE, SUITE \$408
ORLANDO, FL 32803
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.
(Signature of an officer, chairman or (Dam)
(Signature of an officer, chairman or vice chairman of the board) (Date)
MICHAEL HSU (VICE PRESIDENT)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
ROBERT LAW VICE PRESIDENT
(Typed or Printed Name) (Capacity)