## Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

1 (850)205-0380

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053
Phone: (305)672-0686

Fax Number

: (305)672-9110

REGISTERED AGENT CHANGE
GMRI LEASING, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

06 JAN -9 PM 2: 27

1/9/06 11:14 AM

## 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, thi 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.	is	
1. The name of the corporation: GMRI Leasing, Inc.		
2. The principal office address: 5900 Lake Ellenor Drive, Orlando, FL 32809		- · <del>- · ·</del>
3. The mailing address (if different): 5900 Lake Ellenor Drive, Orlando, FL 32809		
4. Date of incorporation/qualification: 12/14/1999 Document number: P99000108135		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Corporation Service Company $\Xi_{\varphi}$	99	
1201 Hays Street	<u>م</u> 6	
Tallahassee, FL 32301	JAN-9	F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporate Creations Network Inc.	PH 2: 2	C
11380 Prosperity Farms Road, Suite 221E	-3	
(F.O. Box NOT acceptable) Palm Beach Gardens, FL 33410		
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	d ageni	ŧ,
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.		
Joseph E. Wentzi Secre	tor	7
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 perfofmy duties, and I am familiar with and accept the obligation of my position as registered agent. Understand the proper and complete performent is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formand Fr. if the that th	ce is ie
(Signature of Registered Agent)		•
If signing on behalf of an entity:		
D. Stovtt Assistant Scartany (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 (8/05)