

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
1 (M///C





CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000	000195						
	REFERENCE	:	840068	7681421						
	AUTHORIZATION	:								
	COST LIMIT	:	\$ 25.0	o le						
ORDER DATE :	December 16, 202	4			ر.					
ORDER TIME :	12:24 PM									
ORDER NO. :	840068-048									
CUSTOMER NO:	7681421									
CHANGE OF AGENT										
NAME:	GORILLA BRAIN	CUI	TURE,	LLC						
CERTI	THE FOLLOWING AS	PRC	OOF OF	FILING:						
PLEASE RETURN	THE FOLLOWING AS		·							

EXAMINER: ____

CONTACT PERSON: Amanda Miller -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: GORILLA BRAI	IN CULT	UF	RE, LLC		·				
2.	, .		,,								
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)						
		6526 OLD BRICK ROAD, UNIT 120 BOX 282			6526 OLD	BRICK ROAD, UN	IT 120	BOX 2	82		
		WINDERMERE, FL 34786			WINDERM	ERE, FL 34786					
		04/27/2020		l	_20000112	846					
3.		Date of filing/registration in Florida	4.		Γ	Document number					
5.	(a)										
	()	Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	Dept. of State:		ĭ×s:	2021 DEC					
		Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						ج د		
	1615 WOODWARD STREET							31 3	٠.		
		ORLANDO	32803				į i	PH			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	ldı	<u>ress</u> :		Electronia S	2: 26			
		Corporation Service Company		_							
		NEW Registered Office Address:									
		1201 Hays Street									
		Tallahassee	32301								
ch ag wa	ange ent v is/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed om nit	office and pany, it is led liability	the business office hereby confirmed to company or as oth	of the	registe change	red e(s)		
/s/ Philip K. Calandrino			Phi	Philip K. Calandrino, Authorized Person							
:	Signa	ture of a member or authorized representative of a member				Printed or typed name	of signee	:			
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	ree to act perform d for in (hereby co	t i) an Ch on	n this capac ace of my di apter 605. firm that th	city. I further agre tiles, and I am Jam F.S. Or, if this doo te limited liability o	e to cor iliar w cument compan	mply w ith and is bein iy has l	ith the accept g filed been		
Si	gnatu	Inaco CKubly GI re of Registered Agent	RACE E.	. K	URBY, AS	ST. VICE PRESIE	DENT				