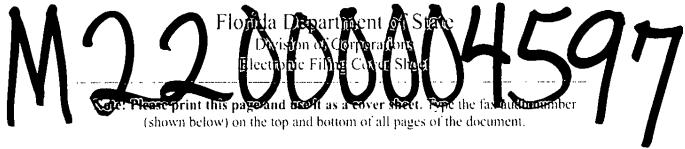
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_



LLC REGISTERED AGENT CHANGE GBGBWY, LLC

Certificate of Status	0
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M. SOLOMON

MAY 2 3 2025

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Help

COVER LETTER

TO: Registration Section Division of Corporati	ons			
GBGBWY, LLC				
JOBSECT:	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Age	nt/Registered Office Change an	nd fee(s) are submitted for filing.		
Please return all corresponder	ace concerning this matter to th	e following:		
Mary Castillo				
Name	e of Person			
Registered Agent Solutions, Inc.			2025	
Firm	Company		025 HAY 23	-:
Corporate Center One, 5301 Sou	nthwest Pkwy, Ste 400			7 7 9
Add	dress	 ن ن ن	P=====================================	E d
Austin, TX 78735		12 12 12 12 12 12 12 12 12 12 12 12 12 1	PM 3: 09	دعد ٠
City/Stat	e and Zip Code	_		
E-mail address: (to be us	sed for future annual report not	ification)		
For further information conce	rning this matter, please call:			
Mary Castillo	888 at (705-7274		
Name of Pers	on	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check l	or the following amount:			
S25 Filing Fee	۵	\$55 Filing Fee & Certified Copy		
INHS18 (2/14)				

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.

(a)	500 WESTOVER DRIVE #9082	(b) 500 WESTOVER DRIVE #9082					
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	Mailing address of (Note: MAY BE			
	SANFORD, NC 27330		SANFOR	RD, NC 27330	<u></u>		
	3/3/2022		M220000	04597	<u></u>		
(a)	Date of filing/registration in Florida MORRIS, JEFFERY	4.		Document nun	nber		
	Registered Agent and Registered Office shown on the records o 2302 BAY DRIVE	the Flori	ida Dept. of St	ate:			
	2502 DAT DIGITE						
	Registered Office Address	ADDRE	<u>555)</u>		·.	2025 1	
	Registered Office Address (MUST BE FLORIDA STREET	33062				2025 HAY 23	 [*-
h)	Registered Office Address (MUST BE FLORIDA STREET				p-	2025 MAY 23 P	
n)	Registered Office Address	33062	2				
h)	POMPANO BEACH , F Registered Agent Solutions, Inc.	33062	2			2025 MAY 23 PM 3: 09	
h}	Registered Office Address (MUST BE FLORIDA STREET POMPANO BEACH , F Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registere 2894 Remington Green Ln. NEW Registered Office Address:	33062	2				
h}	POMPANO BEACH , F Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered 2894 Remington Green Ln.	33062	2				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jeffery Morris	Jeffery Morris	Manager	
Signature of a member or authorized representative of a member	Printe	d or typed name of signee	

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent