Division of Corporations Electronic Filing Cover Sheet

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(((H210003995743)))



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To:

Division of Corporations Fax Number

: (850)617-6380

From:

Account Name : C T CCRPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 : (614)280-3335 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 9

Email

Address:

REGISTERED AGENT CHANGE GSL SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	•	0502, 607.1508, or 617.1508, Florida Statutes, this
•		ganized under the laws of the State of Washington astered agent, or both, in the State of Florida.
1. The name of t	the corporation: GSL Solutions, Inc.	1.110
	office address: 1 Becton Drive, Mail Co	ode 110
Franklin Lakes, i	NJ 07417	
_	nddress (if different):	
4. Date of incorp	poration/qualification: 10/02/1998	Document number: P98000085510
	I street address of the current registere trment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	Thomas P McNamara	
	2907 Bay to Bay Blvd., Suite 201	25
	Tampa, FL 33629	001
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office
	C T Corporation System	10 mg
	1200 South Pine Island Road	01
	P.O. Plantation, Florida 33324	Box NOT acceptable
The street addreas changed will	ess of its registered office and the stro be identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adoptic board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.
_ Lay	Del Zus	Gary DeFazio, VP and Secretary
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change ir s been notified in writing of this chan	**
C T Corporation	System Start William	10/18/2021
Sig	uniture of Registered Agent	Date
If signing on be	half of an entity:	
Stephen Rullis, A	Assistant Secretary	
T) ped 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 CR2E(45 (04/13)

By: