Requestor's Name)			
(Address)			
(Address)			
City/State/Zip/Phone #)			
WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
JUN 2 7 2023			

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 815504 8415867			
AUTHORIZATION :			
COST LIMIT : \$735.00			
ODDED DATE Type 14 2022			
ORDER DATE : June 14, 2023			
ORDER TIME: 1:43 PM			
ORDER NO. : 815504-009			
CUSTOMER NO: 8415867			
CHANGE OF AGENT			
NAME: G-A-I CONSULTANTS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker			

EXAMINER'S INITIALS:

- \$TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a cor	.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: G-A-I COI	NSULTANTS, INC.
	*	WATERFRONT DR. HOMESTEAD, PA 15120-5005
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12	/11/1974 Document number: 833525
	d street address of the currertment of State: (If resigne	ent registered agent and registered office on file with the d, enter resigned)
	COGENCY GLOBAL IN	IC
	115 North Calhoun St. S	Suite 4
	Tallahassee	FL 32301
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered office
	Corporation Service Co	mpany
	1201 Hays Street	
	Tallahassee	P.O. Box NOT acceptable FL 32301
The street address changed will		and the street address of the business office of its registered agent.
_		on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
Xie ,	2 aoni	Jill Cilmi, Vice President
I f urth er agree of my duties, ar document is bei corporation ha	the appointment as regis	Printed or typed name and after tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the of this change.
By: X)n	see Cokuble	06/26/2023
If signing on be	chalf of an entity:	Date
Grace E. Kirby,	Asst. Vice President	
	yped or Printed Name	

* * * FILING FEE: \$35.00 * * *