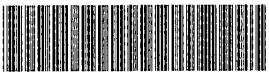
## F05000007193

| (Address)                                   | 8003454807                |
|---|---------------------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |                           |
| (Business Entity Name)  (Document Number)   | 11/25/206161563           |
| Certified Copies Certificates of Status     | S TALLENS<br>JAN 1:2 2020 |
| Special Instructions to Filing Officer:     |                           |
|   |                           |
| Office Use Only                             | RIPIA                     |
|   |                           |



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Gowrie Group, Inc. Name of Corporation                           | <del></del>   |  |
|---|---|--|
| DOCUMENT NUMBER: F05000007193   |   |  |
| The enclosed Statement of Change of Registered Offi                       | ce/Agent and fee are submitted for filing.                    |  |
| Please return all correspondence concerning this matter to the following: |   |  |
|   |   |  |
| Elizabeth Harker<br>Name of Contact Person                                | <del></del>   |  |
| 311 Agent Services, Inc.<br>Firm/Company                                  | <del></del> _   |  |
| 36 Long Alley, 2nd Floor<br>Address                                       |   |  |
| Saratoga Springs, NY 12866<br>City/State and Zip Code                     |   |  |
| E-mail address: (to be used for future annual report notification)        |   |  |
| For further information concerning this matter, please call:              |   |  |
| Elizabeth Harker Name of Contact Person                                   | at ( 518 ) 583 - 0639<br>Area Code & Daytime Telephone Number |  |
| Enclosed is a \$35.00 check made payable to the Department of State.      |   |  |
| Mailing Address:  | Street Address:   |  |
| Amendment Section   | Amendment Section   |  |
| Division of Corporations  | Division of Corporations                                      |  |
| P.O. Box 6327   | The Centre of Tallahassee                                     |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes at the provisions of submitted for a corporation organized under the laws of the State of <u>Connection</u> in order to change its registered office or registered agent, or both, in the State of Florida.   | cticut                                    |
|---|---|
| The name of the corporation: Gowrie Group, Inc.   |   |
| The principal office address: 36 Westbrook Place Westbrook, CT 06498  | <del></del>                               |
| The mailing address (if different): 160 Federal St 4th Floor Boston, MA 02110   |   |
| Date of incorporation/qualification: 08/08/2017 12/7/2005 Document number: F05000007193   |   |
| The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)   |   |
| Paracorp Incorporated   |   |
| 155 Office Plaza Drive 1st Floor  |   |
| Tallahassee, FL 32301   | 36  |
| The name and street address of the new registered agent (if changed) and /or registered office (if changed):  | ขางปริกษ์ 25                              |
| 3H Agent Services, Inc.   |   |
| P.O Box NOT acceptable  | is 1:14                                   |
| Naples, FL 34109  |   |
| ne street address of its registered office and the street address of the business office of its regist<br>changed will be identical.  | ered agent,                               |
| ich change was authorized by resolution duly adopted by its board of directors or by an officer thorized by the board, or the corporation has been notified in writing of the change.   | SO  |
| Natalie Logan, Secretary Signature of an officer of director  Printed or typed name and title   |   |
| nereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete per my duties, and I am familiar with and accept the obligation of my position as registered agent ocument is being filed merely to reflect a change in the registered office address, I hereby confurpration has been notified in writing of this change. | performance<br>Or if this<br>irm that the |
| S/box1 (-/al 11/24/2020   |   |
| Signature of Registered Agent Date  |   |
| signing on behalf of an entity:   |   |
| Elizabeth Harker, President of 3H Agent Services, Inc. Typed or Printed Name  |   |

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