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(R	equestor's Name)	
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(C	ity/State/Zip/Phone i	¥)
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name	<u>)</u>
(D	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



2023 JUH 21 PM 12: 23



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	06/21/2023	
Name:	Merritt Walker	
	£2027891	
	G/	AIL & RICE, INC.
Articl	es of Incorporation/Authoriz	ation to Transact Business
🗌 Ame	ndment	
🖌 Char	nge of Agent	
Rein:	statement	
Conv	version	
🗌 Merg	jer	
Disso	olution/Withdrawal	
🔲 Fictit	ious Name	
🗌 Othe	ſ	
Authorized	Amount:\$25	
Signature:	mw	

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Michigan</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The	name	of the	corporation:

GAIL	&	RICE, INC.
	U L	$\mathbf{W} \mathbf{V} \mathbf{L}, \mathbf{W} \mathbf{V}$.

2. The principal office address: No Change

3. The mailing address (if different):

- 4. Date of incorporation/gualification: December 18, 2009 Document number: F09000005154
- 5. 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)

REGISTERED AGENT SOLUTIONS, INC.

2894 REMINGTON GREEN LANE Suite A

TALLAHASSEE, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Andrea Ricotta	Andrea Ricotta	Authorized Person
Signature of an officer or director	Printed or typed name	and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the regisiered office address, I hereby confirm that the corporation has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent

6/21/2023

Date

51 HJ

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If signing on behalf of an entity:

Timothy Mayville, Assistant Secretary

Typed 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 CR2E045 (03/12)