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TO:

Amendment Section Division of Corporations

SUBJECT: GAMCA Society Dre. Name of Corporation
DOCUMENT NUMBER: F 2100000 3 4 8 1
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person 1661 Rugling Blrd AD 3111 Firm/Company SPRASOFA
Address
E-mail address: (to be used for future annual eport notification)
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call: UZA S. Milhard at 407 288 2414 Name of Contact Person Area Code & Daytime Telephone Number
And odd & Dajtine relephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provision statement of change is su	•				is 4
•	nge its registered offic	•	ŭ	•	
1. The name of the corpo	pration: Gall.	CA SOC	ieth =	Die	
2. The principal office ac	A . —	E STh	SF 51	re 202	
	wale,	100 =	4 50	703	
3. The mailing address (i	if different): 1661	Ringling	BIVD NO	3111 340	11502
4. Date of incorporation/	qualification: 7/2	2/2/ Do	cument number	= 210000	00346
5. The name and street a		-	registered office of	on file with the	
Florida Department of	State: (If resigned, en	iter resigned)			
3	3131420	175 en 1	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	
	701 47	7 7 /	V 2) 6	500	
_5	r. Pelen	s bung	2 3	3702	
6. The name and street ac	ddress of the new regis	stered agent (if chan	ged) and /or regis	stered office	
(if changed):		ر مر مطال م	ı		
<u></u>	2p 3, 1	nillary	Λ.		
<u> </u>	530 N BY	P.O. Box NOT accep	Henke	10 245	
174	- Lande	rhale	PL 33	309	
The street address of its			f the business of	fice of its registere	d agent
The street address of its as changed will be ident					
Such change was author authorized by the board,	or the corporation ha	is been notified in v	vriting of the cha	or by an officer so nge.	
Man (N)	thee_	<u> </u>	fir, CE	b + Secri	etary-
I hereby accept the appoint further agree to complete	ointment as registered	l agent and agree to	Printed or typed r		
I further agree to comple of my duties, and I am fo document is being filed i	ly with the provisions amiliar with and acce merely to reflect a chi	of all statutes relati pt the obligation of ange in the register	ive to the proper my position as re ed office address	and complete perf egistered agent. (Lhereby confirm	formance Or if this
corporation has been no	otified in writing of th	is change.		. I nereby conjum	171641 1716
1200 11	Ulber		4-6-	23	
If signing on behalf of a	egistered Agent		Date		
UZA S.	Milho.	,			
Typed or Prin	nted Name	—			
	* * * FI	LING FEE: \$35.0	n * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)