F23000004086

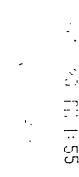
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | |
| | | | | |
| | | | | |
| | | | | |

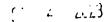
Office Use Only



900414468909

08/23/23--01010--004 **35.00





COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

| SUBJECT: GSMC LINCORPORATED | | |
|---|------------------|-------------------------------|
| Name of Corporation | | |
| DOCUMENT NUMBER: F23000004086 | | |
| The enclosed Statement of Change of Registered Office | /Agent and fee | e are submitted for filing. |
| Please return all correspondence concerning this matter | to the following | ng: |
| Michael Serrano | | |
| Name of Contact Person | | |
| ZenBusiness Inc. | | |
| Firm/Company | | |
| 336 E. College Ave. Suite 301 | | |
| Address | | |
| Tallahassee, FL 32301 | | |
| City/State and Zip Code | | |
| ra@zenbusiness.com | | |
| E-mail address: (to be used for future annual report | notification) | |
| For further information concerning this matter, please ca | all: | |
| Michael Serrano | at (844 | 1493-6249 |
| Name of Contact Person | Area Co | de & Daytime Telephone 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 FOR CORPORATIONS

| statement of ch | ange is submitted for a corporat | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes ion organized under the laws of the State of Delewa or registered agent, or both, in the State of Florida | ге |
|--|--|---|---|
| | | | |
| 1. The name of | the corporation: GSMC LINCO | RAY DR 2700.H2 MIAMI ET 33131 | |
| 2. The principa | office address: | LBAY DR 2700-H2 MIAMI, FL 33131 | |
| 3. The mailing | address (if different): | | |
| | 23 Document number: F23000004086 | | |
| 5. The name an | | gistered agent and registered office on file with the | |
| | REGISTERED AGENTS INC | | |
| | 7901 4TH ST N STE 300 ST. P | ETERSBURG, FL 33702 | |
| | | | |
| 6. The name an (if changed): | d street address of the new regist | tered agent (if changed) and /or registered office | |
| | ZenBusiness Inc. | | |
| | 336 East College Ave Suite 301 | | - |
| | P.O. Box. NOT acceptable | | |
| | Tallahassee, FL 32301 | | |
| The street addr as changed wil | ess of its registered office and t I be identical. | the street address of the business office of its regis | tered agent, |
| _ | | y adopted by its board of directors or by an officer sbeen notified in writing of the change. | ្រា |
| /s/ Robert E | dward O'Haugherty | Robert Edward O'Haugherty - President | |
| Signati | ure of an officer or director | Printed or typed name and title | |
| I further agree of my duties, a document is be | t the appointment as registered to comply with the provisions o nd I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of this | agent and agree to act in this capacity. of all statutes relative to the proper and complete pot the obligation of my position as registered agen- inge in the registered office address. I hereby conf s change. | performance t. Or, if this irm that the |
| that of | mily | 08-01-2023 | |
| Sı | gnature of Registered Agent | Date | |
| If signing on be | ehalf of an entity: | | |
| Khadijeh Hemn | nati | | |
| Typed or Printed Name | | _ | |

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