H26242

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COVER LETTER

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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Gateway Brokers Inc.</u>
2. The principal office address: 4345 E. US Highway 90 Wellborn, FL. 32094
3. The mailing address (if different): 295 N.W. Commons Loop Ste. 115-394 Lake City, FL. 3205:
4. Date of incorporation/qualification: 10/18/1984 Document number: H26242
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)
Raymond L. Cheshire
4345 EUS Highway 90
Wellborn, FL. 32094
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Zeb Cheshire
871 N.W. Guerdon St.
Lake City FL. 32055
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.
Raymond Cheshire/President Statute of an under or director Raymond Cheshire/President
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 registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 8/3/2021 Date
If signing on behalf of an entity:
Typed or Printed Name
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Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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