## L1500012303

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	cument Number)			
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## **COVER LETTER**

TO:

INH\$18 (2/14)

Registration Section

**Division of Corporations** SUBJECT: GSOURCE TECHNOLOGIES, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Valentina Lugo Name of Person Firm/Company 1007 N Orange St. 4th Floor Suite #1050 Address Wilmington, DE 19801 City/State and Zip Code agent@firstbase.io E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 9293050668 Valentina Lugo Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☑** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company: GSOURC	E TECHN	IOLOGIES, LLC	·
2. (a)	450 N Park Rd Ste 300A	(	(b) 450 N Park Rd Ste 300A	
(u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of the May BE POST OFFICE	
	Hollywood, FL 33021		Hollywood, FL 33021	
	07/17/2015	<del></del>	L15000123031	
3.	Date of filing/registration in Florida	4.	Document number	
	CORPORATION SERVICE COMPANY  Registered Office Address (MUST BE FLORIDA STRI  1201 HAYS STREET	EET ADDRES		
	<del></del>	EET ADDRES	<u> </u>	
	TALLAHASSEE		N-3	٠ ب
	TALLAHASSEE	. FL_32301	1	SECONO THE CONTROL
(b)	Firstbase Agent LLC	. FL_32301	2023 MAY 30	FILI RECRETARY RECRETARY
(b)			<u> </u>	FILED SECRETARY OF SECRETARY OF
(b)	Firstbase Agent LLC		oddress:  မှာ	FILED SECRETARY OF STATE SHOW OF CORPOSITION
(b)	Firstbase Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Agent		address:	FILED SECRETARY OF STATE SHOW OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Printed or ty

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapge in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent