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TO:

INHS18 (2/14)

ΓO: Registration Section Division of Corporations	
SUBJECT: GSOURCE TECHNOLOGIES, LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Malaskia a Luca	
Valentina Lugo	
Name of Person	
Firm/Company	
i iiiii eeiiipiiii,	
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 repo	rt notification)
For further information concerning this matter, please c	all:
Valentina Lugoat (9293050668
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
rananassee, Fiorida 32301	
Enclosed is a check for the following amount	t:
■ \$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.

. Na	me of the limited liability company:	TECHN	OLOGI	ES, LLC	
!. (a)	450 N Park Rd Ste 300A	(1	(b) 450 N Park Rd Ste 300A Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
. (4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	Hollywood, FL 33021		Holly	wood, FL 33021	
	07/17/2015		L1500	0123031	
•	Date of filing/registration in Florida	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records CORPORATION SERVICE COMPANY			State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>	53	
	1201 HAYS STREET				
	TALLAHASSEE	_{FL} 32301		2023 JUL 19 SEGN AAS	
(b)	Firstbase Agent LLC				
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ac	ldress:	SEE. S	
	111 NE 1st St, 8th Floor Suite #88592			STATE S.F.L 6.F.L	
	NEW Registered Office Address;				
	Miami	33132			
ie cha gent v as/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the contract of the c	of the reg Hiability o s of the lir	istered o ompany, nited lial	ffice and the business office of the registere, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	a Sadeep Mahadik dure of a member or authorized representative of a member	MA	HADIK	(, SANDEEP	
				Printed or typed name of signee	
rovisi le obi mer	hy accept the appointment as registered agent and c ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to ac ete perforn ded for in I hereby c	t in this iance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file that the limited liability company has been	

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Signature of Repotered Agent