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	Fax Number	: (850)617-6383		
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		: REGISTERED AGENTS INC.	c 😕	
	Account Number	- : I20090000081		
	Phone	: (307)200-2803	≥0 23	-
	Fax Number	: (855)330-1010	2022 SEI SECRE TALL	
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LLC REGISTERED AGENT CHANGE GAIA RESOURCES LLC

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Corporate Filing Menu

Help

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.

1. N	ame of the limited liability company: Gaia Re	sources LL	<u>_C</u>	
2. (a)		(b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9018 Concord Lane Unit H			
	Justice IL 60458			
	01/08/16	L160	00009725	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	, SCHUETZ, JOHN E			
5. (u,	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	Tate: 202	
	1646 W Snow Ave		SECRETAR' TALLAHA	
	Registered Office Address (MUST BE FLORIDA STREET	LEAHAN LEAST AND THE SEPTIFICATION OF THE SEPTIFICA		
	Suite 88		ASY F	
	Tampa	ı.FL	Y OF S	
	Pagistared Agents Inc		5: 36 STATE	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	-	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	L_33702	····	
the ch	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited	of the registered off	ice and the business office of the registered	
was/w	rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the limited liabi	lity company or as otherwise provided in	
	Riluy tak	Riley Par		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to met	rby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	ie performance of n led for in Chapter 6 I hereby confirm th	apacity. I further agree to comply with the iv duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been	
Signat	Bill Havre - Assista	int Secretary		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00