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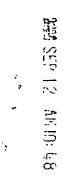
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status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



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T. CLINE

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EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|----------|--|---|--|--|--|--|
| SUBJE | GSE America, LLC. | GSE America, LLC. Name of Limited Liability Company | | | | |
| | | | | | | |
| Dear Si | ir or Madam: | | | | | |
| The end | closed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | | | | |
| Please 1 | return all correspondence concerning this m | atter to the following: | | | | |
| Micha | el Miner | | | | | |
| | Name of Person | | | | | |
| GSE A | America, LLC. | | | | | |
| | Firm/Company | | | | | |
| 3928 | Anchuca Drive #3 | , 5 | | | | |
| | Address | | | | | |
| Lakela | and, Florida 33811 | | | | | |
| | City/State and Zip Code | | | | | |
| mmine | er@gse-america.com | | | | | |
| E- | -mail address: (to be used for future annual | report notification) | | | | |
| For fur | ther information concerning this matter, plea | ase call: | | | | |
| Micha | el Miner | 440 226-0614 | | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314 | | | | |
| | Enclosed is a check for the following am | ount: | | | | |
| | ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | |
| INHS18 | 3 (2/14) | | | | | |

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: GSE America | a, LLC. | | |
|--|--|---|--|---|
| 2. (a) | | |) | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing | address of limited liability company: MAY BE POST OFFICE BOX |
| | 3928 Anchuca Drive #3 | | 3928 Anchuca | a Drive #3 |
| | Lakeland, Florida 33811 | - | Lakeland, Flo | rida 33811 |
| | 01/16/2018 | 1 | _17000061070 |) |
| 3. | Date of filing/registration in Florida | 4. | Docui | ment number |
| 5. (a) | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | f the Florida | Dept. of State: | |
| | Zacharias CPA Group, PA | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | •• |
| | 202 South Rome Avenue | | | |
| | Tampa, F | L33606 | | |
| | | L | | |
| (b) | | | | |
| ` , | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | Michael Miner | | | 87:01.48 |
| | NEW Registered Office Address: | • | | |
| | 3928 Anchuca Drive #3 | | | |
| | Lakeland , F | _3 38 11 | | |
| the cha agent v was/we the arti | imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of authorized representative of a member by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the proper and complete it reflects a change in the registered office address, I all the proper and complete in the registered office address, I all the proper and complete its reflects a change in the registered office address, I all the proper and complete its reflects a change in the registered office address, I all the proper and complete its reflects a change in the registered office address, I all the proper and complete its reflects and the proper and complete its reflects. | of the regis iability co of the lim e limited li | tered office and the mpany, it is herebited liability company. Chaclerinted | he business office of the registered by confirmed that the change(s) pany or as otherwise provided in M. M. do ar typed name of signee |

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