

L170000 82269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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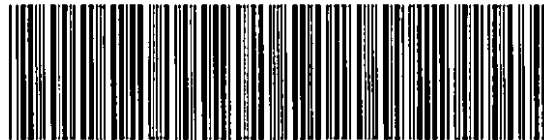
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

FEB 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAUSS CONSULTING GROUP 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:

Christopher Reed

Name of Person

GAUSS CONSULTING GROUP LLC

Firm/Company

320 Bailey Vista Ct

Address

Duluth GA 30097

City/State and Zip Code

reed.cs@protonmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Reed at (770) 624-0594
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
Tallahassee, Florida 32314

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.

1. Name of the limited liability company: GAUSS CONSULTING GROUP LLC

2. (a) Principal

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1200 Clays Trail

Oldsmar FL 34677

(b) Mailing

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1200 Clays Trail

Oldsmar FL 34677

04/12/2017

L17000082269

3. Date of filing/registration in Florida

4. Document number

5. (a) Christopher S Reed

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Christopher S Reed

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 Clays Trail

Oldsmar, FL 34677

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agents Inc.

NEW Registered Office Address:

7901 4th St N, STE 300

St Petersburg, FL 33702

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

Christopher Reed

Printed or typed name of signer

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 change 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

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

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2019 FEB 15 PM 5:58
TALLAHASSEE, FL
STATE OF FLORIDA