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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE GASS CONCEPTS, LLC

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## 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:  GASS CONCER	TS, L	LC		
2. (a)	250 N.W. 23RD STREET		(b)	250 N.W.	23RD STREET
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	APT.: 309			APT.: 309	
	MIAMI, FL 33127	_		MIAMI, F	L 33127
	02/27/2019		,	.190000566	578
3.	Date of filing/registration in Florida	<del>-</del> 4.	-		Document number
5. (a)	MAS CORPORATE SERVICES, LLC				
J. (u)	Registered Agent and Registered Office shown on the records o	f the Fl	orida .	Dept. of State	<u>.</u> X
	232 Andalusia Avenue				
	Registered Office Address (MUST BE FLORIDA STREET	ADDI	(ESS)		
	Suite 200				
	CORAL GABLES .F	L_3313	34		
(b)	Scott Linguist				1974 N
	Enter name of NEW Registered Agent and/or NEW Registere	d Ome	e add	ress:	
	250 N.W. 23RD STREET				25 <b>5</b>
	NEW Registered Office Address:				·
	Apt. 309				
	MIAMI,, F	L3312	27		
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registability of the limit	itered y con limit ed lis	l office and many, it is ted liability ibility com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signs	nure of a member or authorized representative of a member	-	GHI .	- Au	Printed or typed name of signee
I here provisi the obj to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perfo d for hereb	act i ermai in Cl y cor	n this capa ice of my d iapter 605, ifirm that t	city. I further garee to comply with the
elma-	Erin Saville, Special Manage	ï			