

L19 000 198 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

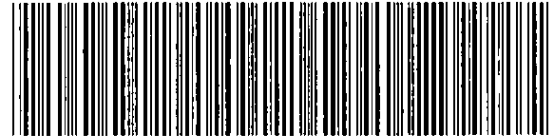
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wong Lam

Office Use Only



600412943016

07/28/23--01008--014 **35.00

FILED

2024 OCT -4 PM 2:52

STATE OF CALIFORNIA

RA Chang

OCT 12 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAO Research PLLC
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:

Bill Emerson

Name of Person

Endoscopy Center of Ocala Inc

Firm/Company

1901 SE 18th Ave Bldg 400

Address

Ocala FL 34471

City/State and Zip Code

bemerson @ GAOcala.com

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

FILED
2024 OCT -4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE

For further information concerning this matter, please call:

Bill Emerson

Name of Person

at (352) 671-3883

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



SEP 27 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2023

BILL EMERSON
ENDOSCOPY CENTER OF OCALA
1901 SE 18TH AVE., BLDG 400
OCALA, FL 34471

SUBJECT: GAO RESEARCH PLLC
Ref. Number: L19000198776

We have received your document for GAO RESEARCH PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 323A00021250

SEP 04 2023

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: GAO Research PLLC

2. (a) _____ (b) Same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1901 SE 18th Ave., Bldg 400 Same
Ocala, FL 34471

3. 08/09/2019 4. L19000198776
Date of filing/registration in Florida Document number

5. (a) Cogency Global Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 N. Calhoun Street, Suite 4
Tallahassee, FL 32301

(b) Bill Emerson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1901 SE 18th Ave. Bldg 400
Ocala, FL 34471

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]
Signature of a member or authorized representative of a member

Miguel A. Ramos
Printed or typed name of signee

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.

Bill Emerson
Signature of Registered Agent

FILED
2024 OCT -4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FL