L19000280506

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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## LLC REGISTERED AGENT CHANGE
## GADGET FLIP LLC

| | |
|---|---|
| Certificate of Status | 0 |
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MAR 12 2024
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# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GADGET FLIP 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:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 #220
Address

HOUSTON TX 77064
City/State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( ) 8884623453
Name of Person 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

INHS18 (2/14)

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H24000091768 3)))

*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: GADGET FLIP LLC

2. (a) 1301 RIVERPLACE BLVD
Principal office address of limited liability company
*(Note: MUST BE STREET ADDRESS)*

SUITE 800-A74

JACKSONVILLE, FL 32207

(b) 1301 RIVERPLACE BLVD
Mailing address of limited liability company
*(Note: MAY BE POST OFFICE BOX)*

SUITE 800-A74

JACKSONVILLE, FL 32207

3. 11/12/2019
Date of filing/registration in Florida

4. L19000280506
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

JACKSONVILLE, FL 32202

(b) REPUBLIC REGISTERED AGENT LLC
Enter name of **NEW Registered Agent** and or **NEW Registered Office address**:

1150 Nw 72nd Ave Tower I
NEW Registered Office Address

Ste 455

Miami, FL 33126

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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

Justin Uribe
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.*

Signature of Registered Agent

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

INTIS18 (2-14)