L19 CCO 303322

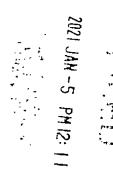
(Requestor's Name)					
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: GAC GLOBAL TRADE LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	lease call:
LOVETTE DOBSON	462-3453
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 as	mount:
■ \$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.	Na	me of the limited liability company: GOLDEN PT	PLLC	`		
2. ((a)		_ (b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ì	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		201 SE 2ND AVENUE, APT 1601		201 SE 2	2ND AVENUE, APT 1601	
		MIAMI, FL 33131	_	MIAMI, F	FL 33131	
		12/12/2019		L1900030	03322	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
J.	(a)	Registered Agent and Registered Office shown on the records of th	e Florio	la Dept. of Stat	- e: ~2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2021 JAN	
	5237 SUMMERLIN COMMONS, SUITE 400				, or	
		FORT MYERS , FL	33907	,	5 PH 12:	
					75	
((b)				. =	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddress:		
		ALYSSA DICKENS				
		NEW Registered Office Address:			_	
		201 SE 2ND AVENUE, APT 1601			_	
		MIAMI, FL	3313 ²	1	_	
the age was the	cha nt v s/we arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers.	he regoility of the linited	istered office company, it in ited liabilith liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. KENS - AMBR	
Signature of member or authorized representative of a member Printed or typed name of signee						
pro the to n	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he i in writing of this aftange.	e to ac erforn for in ereby (ct in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Sign	ratu	Light Hilleng re of Registered Agent				