L20000138466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 840068 7681421

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : December 16, 2024

ORDER TIME : 12:24 PM

ORDER NO. : 840068-048

CUSTOMER NO: 7681421

CHANGE OF AGENT

NAME: GORILLA BRAIN CULTURE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

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: GORILLA BRAIN CULTURE, LLC

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

6526 OLD BRICK ROAD, UNIT 120 BOX 282

WINDERMERE, FL 34786

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

6526 OLD BRICK ROAD, UNIT 120 BOX 282

WINDERMERE, FL 34786

3. Date of filing/registration in Florida: 04/27/2020

4. Document number: L20000112846

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

ASSURED COMPLIANCE SERVICES, LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1615 WOODWARD STREET

ORLANDO, FL 32803

2021 DEC 18 PM 2:26

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Philip K. Calandrino
Signature of a member or authorized representative of a member

Philip K. Calandrino, Authorized Person
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

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

INHS18 (2/14)