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| (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: | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| GC Space Service LLC SUBJECT: | |
| | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Michael Elion | |
| Name of Person | |
| West Palm Beach Law | |
| Firm/Company | |
| 2378 Bellarosa Circle | |
| Address | |
| West Palm Beach, FL 33411 | |
| City/State and Zip Code | |
| michael@wpb.law | |
| E-mail address: (to be used for future annual report | rt notification) |
| For further information concerning this matter, please c | ali: |
| Michael Elion 56 | 906-3160 |
| 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 | t: |
| ☑ \$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.

| (a) | 1551 N. Flagler Dr. | (b) | 1551 N. Flagler Dr. |
|--|--|---|--|
| · (u) | Principal office address of limited liability company: | | Mailing address of limited liability company: |
| | (<u>Note: MUST BE STREET ADDRESS</u>) Apt 1504 | | (Note: MAY BE POST OFFICE BOX) |
| | | | Apt 1504 |
| | West Palm Beach, FL 33401 | | West Palm Beach, FL 33401 |
| | 08/05/2020 | 1.2000 | 00236070 |
| | Date of filing/registration in Florida | 4. | Document number |
| (0) | Zenbusiness Inc. | | |
| . (a) | Registered Agent and Registered Office shown on the records o | f the Florida Dept. | of State: |
| | 336 E College Ave | | 72. 20 |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | - NTF. |
| | STE 301 | | SECRETARIAN DE LA SECRETARIA DE LA SECRE |
| | Tallahassee F | L_32301 | . : |
| | | <u></u> | MH 7: 39 |
| (b) | West Palm Beach Law, LLC | | |
| () | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | 9 9 |
| | 2378 Bellarosa Circle | | |
| | NEW Registered Office Address: | 1.44 | |
| | | | |
| | West Palm Beach F | 33411 | |
| hang gent | limited 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 latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e registered off iability compan of the limited l | ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in |
| /as/w ie arf | | Martin Fra | inkel |
| ie arī | Martin Frankel | | · · · · · · · · · · · · · · · · · · · |
| Sign | Martin Frankel ature of a description of a member | | Printed or typed name of signee |
| Sign Sign here rovis he ob | Martin Frankl adult of a demonstration of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the registered office address, led in writing affice change. | ree to act in th | is connective. I further garee to comply with the |