Florida Department of State

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(((H24000065014 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070

Phone Fax Number

: (888)462-3453 : (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.

EFILE1234@INCFILE.COM Email Address:___

LLC REGISTERED AGENT CHANGE GTCS.TECH LLC

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	COVER LETTER
TO: Registration Section Division of Corporations	(((H24000065014 3)))
GTCS.TECH LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	: Change and fec(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 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	ease call:
LOVETTE DOBSON	888-462-3453 at ()
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 ar	mount:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H24000065014 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000065014 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. N	ame of the limited fiability company. GTCS/IECH LLC	•						
2. (a)	610 E Zack St.			EZack St.	***************************************	-		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 110-4037				Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) -4037			
	Tampa, F1, 33602	_	Tampi	a. FL 33602				
	05/17/202)		1.21000	227359				
3. 5. (a)	Date of filing/registration in Florida ZENBUSINESS INC	4.		Document r	number			
,	Registered Agent and Registered Office shown on the records of a 336 E COLLEGE AVE SUITE 301			State:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		ر برود م برود	91		
(b)	TALLAHASSEE, TL	32301			2024 FEB			
	REPUBLIC REGISTERED AGENT LLC				် ကို	<u>_</u>		
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> 1150 Nw. 72nd Ave. Fower I Ste 455	Office :	iddress:		LAHASSEL FLORID	PM 1: 04	Ö	
	NEW Registered Office Address:		•		<i>),</i>	+		
	Miami . FL	33126						
change agent v was/wa	imited liability company is not organized under the law for changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of the li	red office company, mited lia	e and the busine , it is hereby con bility company o	ess office of the office that the	e char	stered ige(s)	
	trecto (1000cc/lo	A1	lfredo Gra		ped name of signo	<u>.</u>		
provis) the obl to mer	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete piguions of my position as registered agent as provided ely reflect a change in the registered office address. In it is writing of this change	ocrion	nonce of	my duties, and I	Lam familiar s	eith ai	rd accept	
Signatu	re of Registered Agent							