Florida Department of Stage Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

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LLC REGISTERED AGENT CHANGE **GWOW LLC**

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

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	ime of the limited liability company: GWOW	LLC	
2. (a)	3 1 2 	(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/17/2021		21000229428
3.	Date of filing/registration in Florida	4.	Document number
	SUEAUAN CATHEDINE		
5. (a)	Registered Agent and Registered Office shown on the records	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE		
	4398 56TH LANE		2022 SEC
	VERO BEACH	_{FL} 32967	TOZZ SEP SECRETA TALLA
(b)	Registered Agents Inc.	-6 A	
	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	OF STA
	7901 4th St N		트립 5
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_{FL} 33702	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control	s of the registe I liability com rs of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
\mathbb{P} :	Jan Park		Park
	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obj to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and compl ligations of my position as registered agent as prove ely reflect a change in the registered office address, a in writing of this change.	ete performan ided for in Ch	ce of my duties, and I am familiar with and accep anter 605. F.S. Or, if this document is being filed
sec 1	الله Bill Havre - Assist	ant Secreta	ry

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

Signature of Registered Agent