LZ1000234681

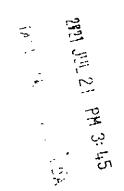
(Requ	uestor's Name)	
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PICK-UP	∐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Reginald Hawkins Name of Person Hawk Lian Inc. Gmile Socies IIC		
Hawk Lion Inc. Gmile Services, IIC Office Firm/Company mailing 3an curry ford rd 3819 Thompson 32805 Address 32806.		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call 107 Reginal d Housins at 20, 88 6743 Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
1NHS (2/14) \$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.

	G Mile Services
1. N	ame of the limited liability company:
2. (a)	Principal office address of limited liability company: 38 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Principal office address of limited liability company: 32 80 Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	5/20/2021 L21000234681
3.	Date of filing/registration in Florida 4. Document number
	Ha i lina occ
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	300 and food od al (12005)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u>~~</u>
	, FL
(b)	Reginald Hawkins of Hawk Lion inc &
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	asin curry ford rd
	NEW Registered Office Address.
	50 C/O OC/O 30 80/0
	OTICY QUFL
If the I	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent	or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
mo as c	of a member or authorized representative of a member Printed or typed name of signce
Signa	ature of a member or authorized representative of a member Printed or typed name of signee
I here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the ob	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
notifie	d in writing of this change.
Signati	ire of Registered Agent
Orginall	

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

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