4/9/24, 1:42 PM

Division of Corporations

Florida Department of State Physical Corporations Hectroric Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000129896 3)))



H240001298963ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	



LLC REGISTERED AGENT CHANGE GSBP DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 0 2024

K. Brumbley

H24000129896 3

_	COVER LETTER						
TO: Registration Division of	Section Corporations		•				
GSBP SUBJECT:	Development, LLC						
	Name of I	Limited Lial	pility Company				
Dear Sir or Madam:							
The enclosed Regis	ered Agent/Registered Office Ch	ange and fe	e(s) are submitted for filing.				
Please return all cor	respondence concerning this mat	ter to the fo	llowing:				
Mary Castillo							
	Name of Person	-	-				
Registered Agent Sol	utions, Inc.						
	Firm/Company		-				
Corporate Center One	e, 5301 Southwest Pkwy, Ste 400						
	Address		-				
Austin, TX 78735							
	City/State and Zip Code		-				
E-mail address	s: (to be used for future annual re	port notifica	ition)				
For further informate	ion concerning this matter, please	e call:					
Mary Castillo	at :	888	705-7274				
Nai	ne of Person	· · · · · · ·	Area Code & Daytime Telephone Number				
P.O. Box <i>6</i>	n Section f Corporations		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 amou	ınt:					
□ \$25 Filin	g Fee	☐ \$55	Filing Fee & Certified Copy				

H24000129896 3

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)	10 CUNNINGHAM DR		(b)	609 W WI	ILLIAM I	DAVID PI	KWY	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	\-/ ₋		-		nited liability OST OFFIC	
	NEW SMYRNA BEACH, FL 32168		5	SUITE 10-	4			
			!	METAIRI	E, LA 70005			
	6/3/2021		L2	21000257	782			
. (a)	Date of filing/registration in Florida PENNINGTON, BO	4,			Docume	nt numbe	er .	
(a)	Registered Agent and Registered Office shown on the records of t 10 CUNNINGHAM DR	he Flori	ida D	ept. of State	- e: -			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u> </u>		_			
	NEW SMYRNA BEACH	32168	}					
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	addra	<u> 258</u> :	-		2024 APR	
	2894 Remington Green Ln.						9	· · ·
	NEW Registered Office Address:				-		P	
	Ste. A				_		6: 07	
	Taliahassee FL	32308	3		···			
iange gent v as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of the li limited	ered comp imite Hiab	office and cany, it is d liability con	d the busi s hereby o y compar	iness offi confirmed by or as o	ce of the r d that the o therwise p	egistered :hange(s)
Simu	Bo Pennington ure of a member or authorized representative of a member	B	о re 	nnington	Printed or		nager ne of signee	_
horel	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p legations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to a perfori l for in	ct in mane Cha	this capa te of my a upter 605	acity I fi	orther av	ree to com	ply with the h and acce s being file

Signature of Registered Agent