## 121000306146

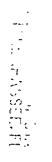
| (0)                                     |
|---|
| (Requestor's Name)                      |
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , ,                                     |
| (Document Number)                       |
| (Socialism (13.755)                     |
| Cadifical Canina Cadification of Status |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900390780109

07/18/32--01023--007 \*\*25.00



2022 JUL 18 PM 3:3



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |                 |                      |
|--|--|-----------------|----------------------|
| SUBJECT: <u>Gangstarv</u>  | Name of Limited Liability Company  | -               |                      |
| Dear Sir or Madam:   |  |                 |                      |
| The enclosed Registered Agent/Register   | ered Office Change and fee(s) are submitted for filing.  |                 |                      |
| Please return all correspondence conce   | erning this matter to the following:   |                 |                      |
| Garnville Bowle<br>Name of Person<br>Gangstanville<br>Firm/Compan                                  |  |                 | 202                  |
| 55/1 west Menab  Address  North Lauderdale  City/State and Zip                                     | <u>Rd</u><br>FL 33068  | INELL HASSES FL | 1022 JUL 18 PH 3: 36 |
| E-mail address: (to be used for fu   | ature annual report notification)  |                 |                      |
| For further information concerning this  | s matter, please call:   |                 |                      |
| Garnvilk Bowleg Name of Person   | at ( 56) 383 -1436<br>Area Code & Daytime Telephone Number   | er              |                      |
| 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 fo   | ollowing amount:   |                 |                      |
| \$25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy   |                 |                      |

INHS18 (2/14)

## 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.

| 1. Name of the limited liability company: <u>Gangsta</u>  | rrilk 1   | 11C   |  |  |   |                 |
|---|---|---|--|--|---|-----------------|
|   | (1-)  |   |  | •  | •   |                 |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5511 West Mcnab Rd  N. Layderdale FL 33068  |   | Mailing address (Note: MA)  [1] West  Louckedo                              | <u>ч ве розт о</u><br>Мслиф                              | ffice i<br>Ro                              | Josep 1                                   | _               |
| ,   |   | 12/0  | 0030   | 6140                                       | 0   |                 |
| July 02 2021  3. Date of filing/registration in Florida   | 4.  | Document  |  |  |   |                 |
| 5. (a) Legalcorp Solutions, LLC Registered Agent and Registered Office shown on the records of the  | e Florida Dept. of S  | State:  |  |  |   |                 |
| Registered Office Address (MUST BE FLORIDA STREET AD  | DRESS)  | <del></del>   |  |  |   |                 |
| 3440 w Hollywood blod Suit  | e 415   |   |  | •  | 202                                       |                 |
| 140/14wood .FL_   | 23721   |   |  | <del></del>                                | .022 JUL 18                               | - <del> </del>  |
|   | WOO I   |   |  | CAHASSE!                                   | _   |                 |
| (b) Garnville Bowleg  |   |   |  | ><br>50                                    |   | ()<br>(구강학      |
| Enter name of NEW Registered Agent and/or NEW Registered O  | ffice address:  |   |  | COLUMN<br>TOLUMN<br>TOLUMN                 | 2   |                 |
|   |   |   |  |  | PM 3: 36                                  |                 |
| NEW Registered Office Address:  |   |   |  |  | 36  |                 |
| 5511 West Mongh Rd  |   |   |  |  |   |                 |
| North Lauckrdale .FL  | 33068   |   |  |  |   |                 |
| If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limit. | egistered office a<br>ility company, in<br>the limited liability co<br>mited liability co | and the busine<br>t is hereby con<br>lity company o                         | ss office of<br>ifirmed that<br>or as otherw             | the regi<br>the cha<br>ise prov            | stered<br>nge(s)                          |                 |
| Signature of a member or authorized representative of a member  |   | Printed or typ  | oed name of  | gnee                                       |   | <del></del>     |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I her notified in writing of this change.  Signature of Registered Agent    | to act in this ca<br>rformance of m<br>or in Chapter 6<br>reby confirm tha                | apacity. I furth<br>w duties, and I<br>05, F.S. Or, if<br>at the limited li | ner agree to<br>am familia<br>this docum<br>iability com | comply<br>r with a<br>ent is be<br>pany ha | with the nd acce<br>wing file<br>wis been | ie<br>ept<br>ed |
| organism of registered gent   |   |   |  |  |   |                 |