

Electronic Filing Menu

Corporate Filing Menu

To. 18506176383

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.

Na	me of the limited liability company:	GNS LLC	>
(a)	7901 4th St N STE 300	(1	7901 4th St N STE 300
(4)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of fimited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	01/31/2022		L22000052554
	Date of filing/registration in Florida	- 4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
(b)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	476 RIVERSIDE AVE.		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>)	(DDRESS	
	JACKSONVILLE FL	32202	
	NORTHWEST REGISTERED AGENT LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:
	7901 4TH ST N		
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	33702	
lange cnt w as/wo	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	registere bility co f the lim limited l	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman ture of Registered Agent

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