LZZ 0000 63179

(Re	equestor's Name)				
(Ad	ddress)				
(Ac	ddress)				
(Ci	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Be	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

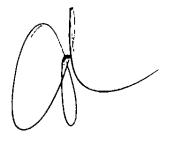




800402185238

02/27/23--01048--010 ++25.00





COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gold Step LL (Name of Limited Liab	bility Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
Altyn Muhiyeva Name of Person	_			
Gold Step LLC Firm/Company	-			
301 Cherry Way	_			
St. Johns, FL 32259 City/State and Zip Code	_ -	JAC LEAT	2023 FEB 27	
E-mail address: (to be used for future annual report notific	ation)	カー: カビ ロル: ロル:	A	j
For further information concerning this matter, please call:	<u>.</u> -	프롱 전	8: 59	
Fuada Velic at 1904	,232-8270			
Name of Person	Area Code & Daytime Telephone N	Vumbe	:r	
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 8 Tallahassee, FL 32303	10		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

зисти:	s the journing statement in or acr to change his regime.	0,,,				,
1. Na	ame of the limited liability company:	5	top L	LC		
	Gold Step LLC	_	(b) <u>Gol</u>		LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of I (Note: MAY BE		
	301 Cherry Way 51 Johns El 32059	_	301 St.	Cherry	y W	7 <u>4</u> 3225
-	T = 2003	-	1 20		, 31 T	9
3.	Date of filing/registration in Florida	4.	Lao	Document num	ber (1
5. (a)	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dent, of St			
	733 Spruce Pine Ln					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>(S.S.)</u>		2023 Sign	
(b)	Jacksonville FL		3250	<u></u>	FEB 27 AM	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		1 8: 59 STATE E. FL	O
	NEW Registered Office Address:		 			
	301 (herry Way					
	5+ Johns, FL	3	2259			
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law authorized representative of a member	registe bility f the l limite	ered office a company, it imited liabi d liability co	and the business o t is hereby confirn lity company or as	ffice of the re ned that the cl s otherwise pr	gistered hange(s)
I here provis the ob to mer	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I h	aa ta c	eat in this ac	macib: I further	aaraa to com	oly with the and accept being filed has been
notifie	ed'in writing of this change.					

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