Fax: 8134365206

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE **G2 SERVICES LLC**

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JAN 25 2024



1/24/2024 06 14:45 PS.F To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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. N	ame of the limited liability company: G2 Services LLC				
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		- -			
	L23000179243	_ (4/11/2023		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ZENBUSINESS INC.				
. (11)	Registered Agent and Registered Office shown on the records of t				
	336 E. COLLEGE AVE.				
	Registered Office Address (MUNT BE FLORIDA STREET A	(DDRESS)		-	
	SUITE 301			_	
	TALLAHASSEE FL	32301			
				. 20	
(b)				24	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ress</u> :	2024 JAN 2	
	7901 4th St N			2 E	
	NEW Registered Office Address:	NEW Registered Office Address:			
	STE 300			PH 1:	
				. 20	
	St. Petersburg , FL	33702		_	
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the	the regist bility cou f the limi	ered office npany, it is ted liability ability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
I hero provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I led in writing of this change.	ce to act performa I for in C vereby co	in this cape nce of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i. F.S. Or, if this document is being filed the limited liability company has been	
	アー / / - Assistant Se	ecretary			