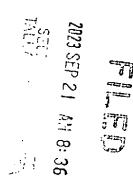
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(Requestor's Nam	ne)
(Address)	
(institute of	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	
Imi	15
Office Use (Only



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09/21/23--01012--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	GAMETIME GROUNDSKEEPING LLC							
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Register	ed Agent/Registered Office Cha	ange and fee(s) are submitted for filing.						
Please return all corre	spondence concerning this matte	er to the following:						
Michael Serrano								
	Name of Person	.						
ZenBusiness Inc.								
	Firm/Company	.						
336 E. College Ave. Sui	te 301							
	Address							
Γallahassee, FL 32301								
C	ity/State and Zip Code							
ra@zenbusiness.com								
E-mail address: (to be used for future annual repo	ort notification)						
for further informatio	n concerning this matter, please of	call:						
Michael Serrano	at (344 493-6249)						
Name	of Person	Area Code & Daytime Telephone Number						
Mailing Add Registration of O Division of O P.O. Box 632 Tallahassee.	Section forporations 7	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 amount	t:						
■ \$25 Filing I	ee	☐ \$55 Filing Fee & Certified Copy						

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:GAMETIME GROUNDSKEEPING LLC						
2. (a)	9144 HEADWATERS AVE APT 213 APT 213		(b) 9144 HEADWATERS AVE APT 213 APT 213				
(**/	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ıy;	Mailing address of lim (Note: MAY BE PO			-	• •
	RIVERVIEW, FL 33578		- RIV	ERVIEW, FL 33578			
	08/18/2023		1,2300	00389566			
3.	Date of filing/registration in Florida		4.	Document nu	mber		
5. (a)	CASTILLA, MIKE						
	Registered Office Address (MUST BE FLORIDA STREE	Т					
	ADDRESS) 9144 HEADWATERS AVE APT 213 APT 213	3					
	Registered Office Address (ST BE FLORIDA STREET AC	DDRESS)	,				
	RIVERVIEW	.FL	33578		500 1000 1000 1000 1000 1000 1000 1000	2023 SEP	المناسا
(b)	ZenBusiness Inc	_,,,,				EP 21	
	Enter name of NEW Registered Agent and/or NEW Regi	istered ()	ffice address:			-2m	
	336 E. College Ave. Suite 301				-	8: 3	
	NEW Registered Office Address:				• • • • • • • • • • • • • • • • • • • •	6	
		, ,					
	Tallahassee	_, FL_	32301				
change agent was/w	imited liability company is not organized under the or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the members of organization or the operating agreement of	of the re ted liabi bers of t	gistered offi lity compan the limited li	ce and the business y, it is hereby confi- ability company or	office of the	ne regis ne chan	tered pe(s)
	Mike Castilla	_		Mike Casti	lla		
	ture of a member or authorized representative of a member	_		Printed or typed	-		
I here provisi the obi to mer notified	by accept the appointment as registered agent anions of all statutes relative to the proper and comigations of my position as registered agent as problem reflect a change in the registered office address in	d agree plete pe pvided f ss. I her	to act in thi. rformance o or in Chapte eby confirm	s capacity. I further f my duties, and I ai r 605, F.S. Or, if th that the limited liah	r agree to c m familiar iis documei bility compe	omply with an mit is bei any has	with the d accept ng filed been
Signatu	re of Registered Agent	_					