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Division of Corporations

Fax Number : (850)617-6383

To: 18506176383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

##Enter the email address for this business entity to be used for future. ্ৰিnnual report mailings. Enter only one email address please.* কিন্তু

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LLC REGISTERED AGENT CHANGE GOLDEN TRIANGLE ALLIANCE LLC

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J. HORNE	
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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. Na	ame of the limited liability company:	GLE ALLIANCE LL	<u> </u>
2. (a)		(b)	1
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901 4	th St N STE 300
	St. Petersburg FL 33702	St. Pete	ersburg FL 33702
	03/12/24	L240001	31784
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BIANCHINI, PIERRE, JR		
. ()	Registered Agent and Registered Office shown on the records of		
	1315 NE MIAMI CT		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>)	ADDRESS)	20
	204		24 1
	MIAMI , FL		FILED PH A
		-	
(b)	Northwest Registered Agent LLC	Off + 11	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Onice address:	H 2: 01
	7901 4th St N		
	NEW Registered Office Address		
	STE 300		
	St. Petersburg	33702	
the cha agent was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the State of the registered of ability company, of the limited liab limited liability	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in
Signal	MT SOMMATIV ture of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. Taylor Newman Assistant Section 1.	performance of i d for in Chapter ; hereby confirm th	canacity. I further agree to comply with the
Signatur	re of Registered Agent		