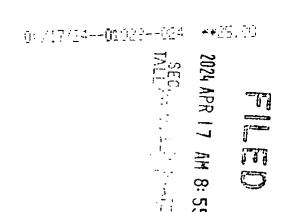
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## COVER LETTER ,

 $(x_i, \dots, x_k) \in \mathcal{C}_{i+1} \times \mathcal{C}_{i+1}$ 

Division of Corporations	
SUBJECT: GtG Privale Dische Name of Li	Car Service LLC
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Gilbresha Pickens George Maine of Person	Oslesby
G+G Privan D) act Car Ser Firm/Company	vice (c)
7228 Spring Snowflake Ave	<del>.</del>
Tampa f 1 331119 City/State and Zip Code	
996 DE-mail address: (to be used for future annual rep	- (DM) ort notification)
For further information concerning this matter, please	call:
George Osleshy all	811 ,735-8476
Creorse Osleshy at (	Area Code & Daytime Telephone Number
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 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	nt:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

I. N	ame of the limited liability company: <u>GACT PYWATE C</u>	BlackCar	Service	llc
2. (a)	7228 Spring Show Alke Ave Tampa F1, (b)  Principal office address of limited liability company. 33619  (Note: MUST BE STREET ADDRESS)	Same Mailing address of li (Note: MAY BE	imited liability comp POST OFFICE BO	•
3. 5. (a)	Date of filing/registration in Florida 4.  Cilbyesha Pickens  Registered Agent and Registered Office shown on the records of the Florida Dept. of St.	N/A Document numb	2024 APR 17	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  7228 SPYING ShowFlake Ave  Tampa FL 33019  Corge Oglesby  Enter name of NEW Registered Agent and/or NEW Registered Office address:		AM 8: 55	
	NEW Registered Office Address:  7228 SPring Showfick Ave  Tampa .FL 33019			
change agent v was/w the art	limited liability company is not organized under the laws of the State of F c or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of a member or authorized representative of a member	nd the business of is hereby confirmity company or as	fice of the registed that the chang otherwise provide PICKCNS	ered te(s)
I here provisa the obi to mer notifie	by accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 66 elf-reflect a change in the registered office address, I hereby confirm that distributes of this change.	nacity - Liurther a	oree to comply w	vith the l accept vg filed been