10/10/24, 12:11 PM Division of Corporations

Florida Department of State

L24000264822

Division of Corporations

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((H24000340785 3))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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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2024 OCT 10 PM 1:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE

GT FARMS & STABLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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OCT 11 2024

((H24000340785 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GT FARMS & STABLES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Serrano
Name of Person

ZenBusiness Inc.
Firm/Company

336 E. College Ave. Suite 301
Address

Tallahassee, FL 32301
City/State and Zip Code

ra@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano at (844) 493-6239
Name of Person 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:

■ $25 Filing Fee ☐ $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. Name of the limited liability company: GT FARMS & STABLES LLC

2. (a) 722 NORTH BUSBY TERRACE
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
INVERNESS, FL 34450

(b) 722 NORTH BUSBY TERRACE
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
INVERNESS, FL 34450

3. 06/11/2024
Date of filing/registration in Florida

4. L24000264822
Document number

5. (a) TOMCZAK, MAKENZIE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
722 NORTH BUSBY TERRACE
Registered Office Address (ST BE FLORIDA STREET ADDRESS)
INVERNESS, FL 34450

(b) ZenBusiness Inc
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
330 E. College Ave. Suite 301
NEW Registered Office Address
Tallahassee, FL 32301

2024 OCT 11 01:10:28

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Makenzie Tomczak
Signature of a member or authorized representative of a member

Makenzie Tomczak
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified of.

Signature of Registered Agent

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