Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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| To:     | Division of Corporations   |                            |            |
|---------|--|----------------------------|------------|
|         | Fax Number : (850)617-6383   |                            |            |
| From:   |  |                            |            |
|         | Account Name : REGISTERED AGE  | NT SOLUTIONS INC           |            |
|         | Account Number : I20100000062<br>Phone : (888)705-7274               |                            | . ~        |
|         | Fax Number : (888)706-7274   |                            | 2020       |
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| Em      | ail Address:   | GENT CHANGE                | T<br>پ     |
| Em      | LLC REGISTERED AC  | GENT CHANGE                | T<br>پ     |
| Em      | LLC REGISTERED AC  | GENT CHANGE                | T<br>پ     |
|         | LLC REGISTERED AC GW SERVICE  Certificate of Status                  | GENT CHANGE<br>S, LLC      | T<br>پ     |

Electronic Filing Menu

Corporate Filing Menu

HelpULKER

## **COVER LETTER**

→ 18506176383

| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Cornorations |

SUBJECT: GW SERVICES, 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:

| Mary Castillo  |                                      |
|--|--------------------------------------|
| Name of Person                                       |                                      |
| Registered Agent Solutions, Inc.                     |                                      |
| Firm/Company   | <del></del>                          |
| 1701 Directors Blvd, Suite 300                       |                                      |
| Address  | <del></del>                          |
| Austin, TX 78744                                     |                                      |
| City/State and Zip Code                              |                                      |
| E-mail address: (to be used for future annual r      | eport notification)                  |
| For further information concerning this matter, plea | se call:                             |
| Mary Castillo  | 888 705-7274                         |
| Name of Person                                       | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS:                              | MAILING ADDRESS:                     |
| Registration Section                                 | Registration Section                 |
| Division of Corporations                             | Division of Corporations             |
| Clifton Building                                     | P.O. Box 6327                        |
| 2661 Executive Center Circle                         | Tallahassee, Florida 32314           |
| Tallahassee, Florida 32301                           |                                      |
| Enclosed is a check for the following amo            | ount:                                |

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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                          | me of the limited liability company: GW SER  | VIC                                      | ES, L   | LC   |   |  |
|-------------------------------|--|--|---|--|---|--|
| 2. (a)                        | 101 N CHERRY ST, SUITE 501   |  |   | CHERRY STRE  | ET SUITE 501  |  |
| 2. (d)                        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  WINSTON SALEM, NC 27101  | _ \                                      |   | Mailing address of limited (Note: MAY BE POST STON SALEM   | OFFICE BOX  |  |
|                               | 1/16/2013  |  | M130  | 00000348   |   |  |
| 3.                            | Date of filing/registration in Florida   | 4.                                       |   | Document number  |   |  |
| 5. (a)                        | COGENCY GLOBAL INC.  |  |   |  |   |  |
|                               | Registered Agent and Registered Office shown on the records of the 115 NORTH CALHOUN STI  Registered Office Address (MUST BE FLORIDA STREET A)  SUITE 4  | REE                                      | T   | -  | <i>©</i>  |  |
|                               | ***************************************  | 323                                      | <br>∩1  | 2020 / !!^   |   |  |
| (b)                           | Registered Agent Solutions,  Enter name of NEW Registered Agent and/or NEW Registered of 155 Office Plaza Dr.  NEW Registered Office Address:  |  |   | · 13 🗁 3: 02   | 1   |  |
|                               | Suite A  |  |   | _  |   |  |
|                               | Tallahassee, FL  | 323                                      | 01  | _  |   |  |
| the cha<br>agent v<br>was/we  | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the | the reg<br>bility c<br>the lir           | istered offic<br>ompany, it<br>nited liabili                | e and the business off<br>is hereby confirmed th<br>ty company or as other                               | ice of the registered nat the change(s)   |  |
|                               | avid Muscato   |  |   |  | rvices of America, Inc., Sole Membe   |  |
| -                             | Signature of a member or authorized representative of a member   |  | Printed or typed name of signee                             |  |   |  |
| provisi<br>the obl<br>to merc | by accept the appointment as registered agent and agra<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>d'in writing of this change.                         | ee to ac<br>perform<br>for in<br>ereby c | et in this cap<br>nance of my<br>Chapter 60<br>confirm thai | pacity. I further agree<br>duties, and I am fami<br>5, F.S. Or, if this doct<br>the limited liability co | to comply with the<br>liar with and accept<br>ument is being filed<br>ompany has been |  |

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent