Division of Corporations

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
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LLC REGISTERED AGENT CHANGE GEOSTABILIZATION INTERNATIONAL, LLC

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GEC 20 2023

COVER LETTER

TO: Registration Section

Division of Corporations

15129570210

SUBJECT: GEOSTABILIZATION INTERNATIONAL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(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	
5301 Southwest Pkwy, Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future and For further information concerning this matter. Mary Castillo	·
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	333 I ming fee at certained copy

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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

- <i>tortal</i> L. Na		BILIZ	ATION II	NTERNATION	IAL, LL	_C
i. 19a 2. (a)	4475 E 74TH AVE SUITE 100		_{b)} 4475 E	74TH AVE		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		lailing address of limited l		
	COMMERCE CITY, CO 80022		SUITE		7.1100 047	<u></u>
		_	COMM	MERCE CITY,	CO 80	022
	03/01/2013		M13000	0001342		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	REGISTERD AGENT SOLUTION	S, IN	IC.			
). (a)	Registered Agent and Registered Office shown on the records of t			:		
	155 OFFICE PLAZA DR STE A					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			
	TALLAHASSEE FL	3230)1		2023	
(b)	Registered Agent Solutions, Inc.				2023 DEC	<u>:</u>
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		. 2	
	2894 Remington Green Ln.				A	
	NEW Registered Office Address:				7	
	Ste. A				26	
	Tallahassee, FL	3230	8			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li	istered office company, it is mited liability liability com	and the business offi- shereby confirmed the y company or as other apany.	ce of the re at the chan wise provi	egistered ge(s) ded in
/s/	Mackenzie Hibler		Macke	inzie Hibler, Author	nzea Per	son

Isl Mackenzie Hibler	Mackenzie Hibler, Authorized Person
Signature of a member or authorized representative of a member	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 in writing of this change.

Mackenzie Hibler, Assistant Secretary