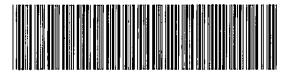
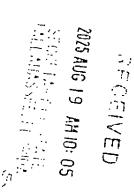
(Requestor's Name)					
(Address)					
(Addr					
(City/s	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Nan	ne)			
(Docu	rment Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
Special instructions to Fil		I. HORNE			

Office Use Only



900454996719

2025 AU 19 MITH: 29



CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#I20160000072

wie SW

08/19/2025

Date:

Name:	GORDO	GORDON FOOD SERVICE STORE, LLC				
Document #:		<u>.</u>				
Order #:	1646445	16464455				
Certified Copy of Arts & Amend:						
Plain Copy:						
Certificate of Good						
Standing:			<u> </u>			
Certified Copy of		-				
Apostille/Notarial			Country of Destination:			
Certification:			Number of Certs:			
Filing:	Certif	fied: 🗸	<u> </u>	Email Address for Annual Report Notificat	tions	
<u> </u>	Plain:	: [
	COGS	5: [
				-		
Availability	1					
Document	Amou	unt:\$	55.00]		
Examiner				J		
Updater						
Verifier						
W.P. Verifier Ref#						

Thank you!

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. Na	ame of the limited liability company: GORDON FOO	D SERVIC	E STORE I	.L.C
2. (a)	1300 GEZON PKWY, S.W.	(b	1300 GEZ	ZON PKWY, S.W.
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WYOMING, MI 49509		WYOMIN	XG, MI 49509
	01/04/2016	<u> </u>	M16000000	0045
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
(,	Registered Agent and Registered Office shown on the records o	Tthe Florida	Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	* ADDRESS	7	7025 ACT
	TALLAHASSEE . F	L_32301-2:	525	19
(h)	C T Corporation System			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	dress:	- · (0
	NEW David Cond (1981), Add			_
	NEW Registered Office Address: 1200 South Pine Island Road			
	1200 South Pille Island Road			-
	Plantation F	L33324		_
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis iability co of the lim	stered officompany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/Lindsay Kolar	LINI	DSAY KOL	AR, ASSISTANT SECRETARY
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl. to merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change. CT Corporation System	e performe ed for in C ' hereby co	ince of my	duties, and Lam familiar with and accept
By:	C T Corporation System SEAN L. EMERICK, ASSISTANT SECRETARY Re of Registered Agent	down-15		
-orginadu	ic or registered vigent			

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