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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 14, 2021

Order#: 904597-004

Re: GT INDEPENDENCE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 | ame of the limited liability company: GT INDEPEND | ENCE | SER | /ICES, | LLC | |
|------------------------------|--|---|--------------------------------------|--|---|--|
| 2. (a) | , | | | DADUS STREET | | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | ζ-/ | - | Mailing address of limit (Note: MAY BE PO | |
| | STURGIS, MI 49091 | _ | STURGIS, MI 49091 | | | |
| | 03/28/2016 | | M 1 | 60000 | 02570 | |
| 3. | Date of filing/registration in Florida | _ 4. | | | Document number | r |
| 5. (a) | C T CORPORATION SYSTEM | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | f the Flo | rida De | pt. of Sta | ate: | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | ;→ ? | |
| | | | | | | |
| | PLANTATION , F | 3332 L | 24 | | | 意見で |
| (b) | | | | | | 6 PH 6-1 |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office | addre | 55: | _ | |
| | Corporation Service Company | | | | | . 70 |
| | NEW Registered Office Address: | | | | | |
| | 1201 Hays Street | | | | | |
| | Tallahassee, F | L_3230 |)1 | | _ | |
| change agent v was/w | imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e regis iability of the e limite | tered of comp limited and liab | office are any, it d liabili ility co | nd the business office is hereby confirmed ity company or as ot | ce of the registered I that the change(s) therwise provided in |
| Signs | ture of a member or authorized representative of a member | _ | 701111 C | -cimicii | Printed or typed name | |
| I here provisi the obi | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered office address, I d in writing of this change. | ree to perfo ed for t hereb | act in rmanc in Cha v confi | this cap e of my pter 60 rm thai | pacity. I further agr | ee to comply with the |

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company