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(((H23000413529 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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.

Fmail Address:					
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LLC REGISTERED AGENT CHANGE **GSA FORCE, LLC**

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DEC 05 2023

K. Brumble)

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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	- · · · · · · · · · · · · · · · · · · ·	N	C 125 C
		Name of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please retu	arn all correspondence concernin	g this matter to th	e following:
Mary Casti	illo		
	Name of Person		
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate (Center One, 5301 Southwest Pkwy.	Ste 400	
	Address		
Austin, TX	78735		
	City/State and Zip Co	de	
E-ma	ail address: (to be used for future	annual report not	ification)
For further	r information concerning this ma	atter, please call:	
Mary Casti	llo	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee
	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Eı	nclosed is a check for the follow	ving amount:	
٥	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/	(14)		

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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. Na	ame of the limited liability company: GSA Force, LLC								
2. (a)	8750 NW 36st Suite 600		(b)	5160 AI	ton Road				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				_		of limited l BE POST	•	
	Doral, FL 33178 Miami, F			FL 33140	L 33140				
	10/18/2016		ļ	M160 00 00	08305		· · · · · · · · · · · · · · · · · · ·		3311 11 23
3.	Date of filing/registration in Florida	4.	-		Docum	ent nu	ımber		
5. (a)	CORPORATION SERVICE COMPANY								
). (u)	Registered Agent and Registered Office shown on the records of	the Flo	riđa	Dept. of St	ale:				
	1201 HAYS STREET								
	Registered Office Address (MUST BE FLORIDA STREET)	4DDR	ESS)						
	TALLAHASSEE , FL	3230	1-25	25	-		<u>:</u>	2023 C	
(b)	Registered Agent Solutions, Inc.						. • . . • .	DEC -	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office	e add	ress:			×.	1-	
	2894 Remington Green Ln.							PM 2: 1;	-
	NEW Registered Office Address:							. . .	
	Ste. A				_			-	
	Tallahassee , FL	3230	8						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility of the	terec con limi	l office a npany, it ted liabil	nd the bu is hereby ity compa	siness confi	office of rmed tha	f the reg t the ch	gistered ange(s)
/s/	Lawrence Samuels]	.awr	ence Sam	ucls		Authori	zed Si	igner
Signal	ure of a member or authorized representative of a member	_			Printed	or typec	I name of s	ignee	
proviși he obli o mere	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address, I have this change.	ee to l perfoi l for i tereby	act i rmai n Cl v cor	n this cap nce of my hapter 60 nfirm tha	pacity. 1 duties, å)5, F.S. (t the limit	furthei ind I a Dr. if th ted liat	r agree to m familio his docum bility con	o compar ar with nent is a npany h	ly with the and accept being filed as been
	Mackenzie Hibler, Asst. Secret	tary							

Signature of Registered Agent