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. Doing so will generate another cover sheet.

To:

Division of Corporations

15129570210

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.-

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LLC REGISTERED AGENT CHANGE GEOPLIANT LLC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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JUN 27 2022

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Geoplia	ant LLC.		Company
	Name of La	inica Emonity	Company
Dear Sir or Madam:			
The enclosed Registered Ag	ent/Registered Office Char	nge and fee(s) a	re submitted for filling.
Please return all correspond	ence concerning this matte	r to the following	ng:
Mary Castillo			
Nar	ne of Person		
Registered Agent Solut	ions, Inc.		
Fir	n/Company		
Corporate Center One,	5301 Southwest Pkwy	, Ste 400	
A	ddress		
Austin, TX 78735			
City/Sta	ite and Zip Code		
E-mail address: (to be	used for future annual repo	ort notification)	
For further information con-	erning this matter, please	call:	
Mary Castillo	at ()	5-7274
Name of Pe	rson	Area	Code & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	tions ter Circle	Registration Division of P.O. Box 6	f Corporations
Enclosed is a check	for the following amoun	it:	
□ \$25 Filing Fee		□ \$55 Filing	g Fee & Certified Copy

15129570210

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: Geopli	ant LLC.	
2. (a)	235 PEACHTREE STREET NE	E (b) 235	PEACHTREE STREET NE
(,	Principal office address of limited liability compan (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 2300	SUI	TE 2300
	ATLANTA, GA 30303	ATL	ANTA, GA 30303
	7/2/2018	M18	000006184
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MAYLIE, JOHN		
()	Registered Agent and Registered Office shown on the reco	rds of the Florida Dept. of	State:
	771 CARNATION DR		
	Registered Office Address (MUST BE FLORIDA STE	EET ADDRESS)	
	SEBASTIAN	. FL 32958	
(b)	Registered Agent Solutions, In	C	
(-,	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:	
	155 Office Plaza Dr.		
	NEW Registered Office Address:		
	Suite A		
	Tallahassee	, _{FL} 32301	
10.1	en en 1969 e Promision de la companya del companya de la companya de la companya del companya de la companya de	ha lawa af tha Centa a	f Florida, it is haraby confirmed that after

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

	√ Nicholas Meeks		Nicholas Meeks	Authorized Signer		
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 the change in the registered office address, I hereby confirm that the limited liability company has been

notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent