## 11200000008

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
` , , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
51, 04,				
Special Instructions to Filing Officer				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:(	01/12/2021				
	Chris Vick				
	1302582				
		GTT, LLC			
Articles	s of Incorporation/Authorit	ration to Transact Business			
Amend	lment				
✓ Change of Agent					
Reinsta	atement				
Conve	rsion				
Merger	f				
☐ Dissolution/Withdrawal					
Fictitio	us Name				
Other_					
Authorized Ar	mount \$25.00				

## 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	me of the limited liability company: GTT, LLC	- · <del>- · · -</del>		
2. (a)		(b)		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	No Change No Ch		ange	
	February 18, 2020	_	M20000002008	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNISEARCH, INC.			
(41)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:	
	155 OFFICE PLAZA DRIVE			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>	
			<u> </u>	
	TALLAHASSEE, FI	L_FL	2021 JAN 12	
(b)	COGENCY GLOBAL INC.	N 12		
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	A Mo. 01	
	115 North Calhoun St., Suite 4		근접 0	
	NEW Registered Office Address:		·	
	Tallahassee , FI	L 32301		
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the State of the registered of iability company of the limited lia	office and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in	
/s/ Peter Nosek		Peter Nose		
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and age fons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	e performance of ed for in Chapter	my duties, and I am familiar with and accept • 605. F.S. Or, if this document is being filed	
	m Mayville			
Signatu	re of Registered Agent Tim Mayville, Assistant Sec	cretary		

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