| (Red                      | questor's Name)   |             |
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|                           |                   |             |
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|                           |                   |             |
| (City                     | y/State/Zip/Phone | e #)        |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
|                           |                   |             |
|                           | omana Entitu Nas  |             |
| (Bu:                      | siness Entity Nar | nej         |
|                           |                   |             |
| (Do                       | cument Number)    |             |
|                           |                   |             |
| Certified Copies          | _ Certificates    | s of Status |
|                           |                   |             |
| Special Instructions to I | Eiling Officer:   |             |
| Special instructions to   | iling Officer.    |             |
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of 8/10/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| REFERENCE : 873103 7285802  |  |  |  |  |  |  |
| AUTHORIZATION: Spelle Ren   |  |  |  |  |  |  |
| COST LIMIT : \$ 25.00   |  |  |  |  |  |  |
| ORDER DATE : August 9, 2022   |  |  |  |  |  |  |
| ORDER TIME : 2:21 PM  |  |  |  |  |  |  |
| ORDER NO. : 873103-005  |  |  |  |  |  |  |
| CUSTOMER NO: 7285802  |  |  |  |  |  |  |
| CHANGE OF AGENT   |  |  |  |  |  |  |
| NAME: GULFPORT-POLK, LLC  |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY |  |  |  |  |  |  |
| CONTACT PERSON: Alexxis Weiland  EXAMINER'S INITIALS:                                 |  |  |  |  |  |  |

## COVER LETTER

| TO:      | Registration Section Division of Corporations  |                      |  |
|----------|--|----------------------|--|
| SUBJE    | Gulfport-Polk, LLC   |                      |  |
|          |  | Name of Limited L    | liability Company  |
| Dear S   | ir or Madam:   |                      |  |
| The en   | closed Registered Agent/Registered   | Office Change and    | fee(s) are submitted for filing.   |
| Please   | return all correspondence concernin  | g this matter to the | following:   |
| Ben Er   | ngel   |                      |  |
|          | Name of Person   |                      |  |
| ECI Gr   | roup   |                      |  |
|          | Firm/Company   | , <del></del> -      |  |
| 2100 P   | Powers Ferry Rd, Suite 200   |                      |  |
|          | Address  |                      |  |
| Atlanta  | a. GA 30339  |                      |  |
|          | City/State and Zip Coo   | de                   |  |
| bengel   | @ecigroups.com   |                      |  |
| E        | -mail address: (to be used for future  | annual report notifi | ication)   |
| For furt | ther information concerning this ma  | tter, please call:   |  |
| Ben Er   | ngel   | 678<br>at (          | 358-3222   |
|          | Name of Person   |                      | Area Code & Daytime Telephone Number   |
|          | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
|          | Enclosed is a check for the follow   | ing amount:          |  |
|          | ■ \$25 Filing Fee  | <b>□</b> \$5         | 55 Filing Fee & Certified Copy   |
| INHS18   | (2/14)   |                      |  |

## 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.

| ١.   | Na  | me of the limited liability company: Gulfport-Polk, Ll  | LC   |  |   |   |
|--|---|---|--|--|---|---|
| 2.   | (a)                                       | 2100 Powers Ferry Rd, Suite 200   | (  | 2100 Pov   | wers Ferry Rd, Suite 200  |   |
|  | <b>()</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)   | _ |
|  |   | Atlanta, GA 30339   | _  | Atlanta, C   | SA 30339  |   |
|  |   | 03/22/2022  | _  | M2200000   | 4324  |   |
| 3.   |   | Date of filing/registration in Florida  | 4.   |  | Document number   | _ |
| 5.   | (a)                                       | Registered Agent Solutions, Inc.  |  |  |   |   |
| J. (u)   |   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State   |  |  | -<br>e:<br>-  |   |
|  |   | Registered Office Address (MUST BE FLORIDA STREET A   | <u>IDDRES.</u>                             | <u>S)</u>  | 2   |   |
|  |   | 155 Office Plaza Dr., Suite A   | _  |  | 2022 A113   |   |
|  |   | Tallahassee   | 32301                                      |  | Ž.  |   |
| (  | (b)                                       | , г.  |  |  | -9  |   |
| `  |   | Enter name of NEW Registered Agent and/or NEW Registered  | Office ad                                  | ldress:  |   |   |
|  |   |   |  |  | <u> </u>  |   |
|  |   | Corporation Service Company   |  |  | . <u>ပ</u>  |   |
|  |   | NEW Registered Office Address:  |  |  |   |   |
|  |   | 1201 Hays Street  |  |  |   |   |
|  |   |   |  |  | •   |   |
|  |   | Tallahassee .FL   | 32301                                      |  |   |   |
| sharager was the Signature of the state of t | nge nt w /wei artic gnau ereb visid oblig | or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the lare of another or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. | registere bility co f the lim imited l Ber | ed office and<br>ompany, it is<br>nited liability<br>iability com<br>i Engel<br>in this capa | If the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee acity. I further agree to comply with the business and Lam familiar with and account | _ |
| Sign   | atur                                      | Mus William assistant va president  |  |  |   |   |