Division of Corporations

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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.

C11	Address:			
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PERMITTEN OF STATES SO TALL ALL ALL ASSEE FLORIDA

LLC REGISTERED AGENT CHANGE GDI AIR II, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GDI AIR II, LLC			
Nam	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Mary Castillo			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
5301 Southwest Pkwy, Suite 400			
Address			
Austin, Texas 78735			
City/State and Zip Code			
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter,	please call:		
Mary Castillo	at (888) 705-7274		
Name of Person	Area Code & Daytime Telephone Numbe		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
□ \$25 Filing Fee	S55 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.

Fioria					
1. Na	nne of the limited liability company: GDI All	R II, LL	<u> </u>		
2. (a)	30 N GOULD ST, STE R		7491 N I	FEDERAL HWY, STE C5 PMB 379	
2. (4)	Principal office address of limited liability company:		Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)		5004	(Note: MAY BE POST OFFICE BOX)	
	SHERIDAN, WY 82801		BOCA	RATON, FL 33487	
	05/06/2022		M2200	0007084	
3.	Date of filing/registration in Florida	4.	********	Document number	
5. (a)	REGISTRED AGENT SOLUTI	ONS, II	NC.		
). (a)	Registered Agent and Registered Office shown on the recor	:			
	155 OFFICE PLAZA, STE A				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE.	SS)		
				20	
	TALLAHASSEE	, _{FL} 323	01		
(b)	Registered Agent Solutions, Inc	C.		· •	
` ,	Enter name of NEW Registered Agent and/or NEW Regis	tered Office s	ddress:	_	
	2894 Remington Green Ln.				
	NEW Registered Office Address:			. ∵i	
	Ste. A				
	Tallahassee	. FL_3230	8		
the cha agent v was/wa	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the reg ed liability ers of the li	gistered office company, it is mited liability	and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in	

/s/	Mackenzie Hibler	Mackenzie Hibler, Authorized Person		
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 dutics, 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent