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| (Re | questor's Name) | | | | |
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| (Add | dress) | ···· | | | |
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| (AOA) | dress) | | | | |
| (City | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | siness Entity Nar | ne) | | | |
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| (Dod | cument Number) | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to F | Filing Officer: | | | | |
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Office Use Only



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2023 SEP - 7 PM 3: 3

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 974742 84262

 $\langle \Lambda \rangle$

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : September 7, 2023

ORDER TIME : 1:49 PM

ORDER NO. : 974742-210

CUSTOMER NO: 8426281

CHANGE OF AGENT

NAME: GIA PERO1, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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.

| l. Na | ame of the limited liability company: | LC | | | | | | |
|--|---|---|--------------------------------------|--------------------------------------|--|--------------------------|---|--------------------------|
| 2. (a) | 1221 Brickell Ave., Ste 900 | (b | ຸ 122 | 1 Brid | ckell Ave., Ste 900 | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | | | Mailing address of limit (Note: MAY BE PO | - | | : |
| | Miami, FL 33131 | | Mia | mi, Fl | L 33131 | | | |
| | 06/21/2023 | | M23 | 80000 | 08085 | | | |
| . | Date of filing/registration in Florida | 4, | | | Document number | | | |
| . (a) | CSC Global Solutions, Inc. | | | | | | | |
| . () | Registered Agent and Registered Office shown on the records of | of the Florida | Dept. | of Stat | ec: | | | |
| | 155 Office Plaza Dr., 1st Floor | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | 2 | | _ | | | |
| | | | | | | | | |
| | Tallahassee | ., 33131 | <u> </u> | | _ | | | |
| | , F | L | | | _ | | | |
| (1.) | | | | | | ທ | 25 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office ado | dress: | | _ | TA EC | 023 (| - 11 |
| | | | | | | LET | 1023 SEP -7 | |
| | Corporation Service Company | | | | | E S | -1 | ,, |
| | NEW Registered Office Address: | | | | _ | 28.50 2.50 | AH | 1 |
| | 1201 Hays Street | | | | | im m im _{Co} | 9: | f." |
| | | | | | _ | 프로 | | |
| | Tallahassee | 32301 | | | | 177 | 2 | |
| | , 1 | L | | | - | | | |
| the l | imited liability company is not organized under the la e or changes are made, the Florida street address of the | aws of the ! | State | of Flo | orida, it is hereby co | onfirmed the | nat afte | er the |
| gent v | will be identical. Or, in the case of a Florida limited l | iability cor | mpan' | y, it is | s hereby confirmed | that the ch | gisteret iange(s | 3 i) |
| | ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | | | | | nerwise pro | ovided | in |
| | | _ | nilo Sa | • | • | | | |
| | nilo Salomon ture of a member or authorized representative of a member | | | | Printed or typed name | of signee | | |
| herei rovisi ne obl mero otified | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change. | gree to act is e performa ed for in C hereby co. | in this ince o hapte infirm | s cape f my c er 605 that i | acity - I fiather asra | e to comp | ly with and ac being f has bee | the cept iled m |
| | re of Registered Agent | | | | | | | |

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