M230000/11/10

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

Office Use Only



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2024 OCT 14 PM 8: 57 SECKETAKY OF STATE TALLAHASSEE, FL





CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 10/11/24 Order #: 1641895-7

Re: GEARBOX DEVELOPMENT SERVICES, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. 1	Same of the limited liability company: GEARBOX DE 5757 MAIN ST.	VELOPIV	ENT SERVICES, LLC 5757 MAIN ST.
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FRISCO, TX 75034		FRISCO, TX 75034
	11/06/2023		M23000014170
3. 5. (a	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	4.	Document number
٠٠ (١	Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LN., STE. A	f the Florid	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>Sy</u>	
	TALLAHASSEE , F	L_32308	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Corporation Service Company		AHAS
	NEW Registered Office Address: 1201 Hays Street		PH 8: 5 OF STATI
	Tallahassee, F	L_32301	F: 7
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability co of the lin	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
/S	/S/ Aaron Diamond		on Diamond, Authorized Person
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me notifi	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	rce to ac ? perform 2d for in (hereby c	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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