## M23000014/70

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100438087071

## 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	ame of the limited liability company: GEARBOX DEVE	ELOPMI	ENT SERV	ICES, LLC			
2.	(a)	5757 MAIN ST.	(b	(b) 5757 MAIN ST.				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		FRISCO, TX 75034		FRISCO,	TX 75034			
		11/06/2023		M230000	014170			
3.		Date of filing/registration in Florida	4.		Document number			
5	(a)	REGISTERED AGENT SOLUTIONS, INC.			-: <b>~</b>			
J. <b>(</b>	(11)	Registered Agent and Registered Office shown on the records of the 2894 REMINGTON GREEN LN., STE. A	ne Florida	Dept, of Stat	00: Al-			
		Registered Office Address (MUST BE FLORIDA STREET A.						
		TALLAHASSEE . FL	32308		PH 2: 36			
		Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company						
		NEW Registered Office Address:		_				
		1201 Hays Street	_					
		Tallahassee .FL	32301		_			
cha age was the	inge ent v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistere oility co `the lim imited l	d office an mpany, it i ited liabilit iability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.			
		Naron Diamond ture of a member or authorized representative of a member	Aare	Aaron Diamond, Authorized Person  Printed or typed name of signee				
I h pro the to i not	ierel ovisi obl merc tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	e to act performa for in C ereby co	in this cap ince of my hapter 603 infirm that	acity. I further agree to comply with the			

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00

csc coa-10810