Florida Department of State

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(((H24000283899 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

:#Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

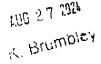
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LLC REGISTERED AGENT CHANGE GRAVITY FALLS MANAGEMENT, LLC

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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. GRAVITY FALLS MANAGEMENT, LLC 1. Name of the Limited Liability Company: 2. (a) 2808 REEDCROFT DRIVE (b) 2808 REEDCROFT DRIVE Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) FARMERS BRANCH, TX 75234 FARMERS BRANCH, TX 75234 9/21/2023 M23000015203 3. Date of filing/registration in Florida Document number 5. (a) Capital Corporate Services, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 515 EAST PARK AVENUE 2ND FLOOR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL 32301 TALLAHASSEE (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 515 East Park Avenue 2nd Fl NEW Registered Office Address: FL 32301 Tallahassee If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Hercules Gray
Signature of a momber or authorized representative of a member Hercules Gray 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 the conjugation of all statutes relative to the proper and complete performance of my duties, 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. Brian Radecki, Assistant Secretary on - Parelentes Signature of Registered Agent behalf of Capitol Corporate Services, Inc.

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FHJNG FEE: S25.00