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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I26090000001  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
G.I. MONEY FOUNDATION INC.

Certificate of Status	0
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2024 MAY 13 AM 10:47  
SECRETARY CLERK  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: G.I. Money Foundation Inc.

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/11/14 Document number: N14000005535

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RODRIGUEZ, JAVIER  
3280 Hawks Nest Dr  
KISSIMMEE, FL 34741

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc  
7901 4th St N STE 300  
St. Petersburg FL 33702

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2024 MAY 13 AM 10:48

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Masis Sarkisian*

Signature of an officer or director

Masis Sarkisian - President

Printed or typed name and title

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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*David Roberts*

Signature of Registered Agent

05/13/2024

Date

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314