| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| J. HORNE AUG 16 2024 | | | | |

Office Use Only

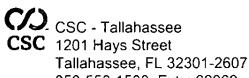


400433799204

FILED 2024 AUG 15 AH 8: 55

RECEIVED

2024 AUG 15 AH 10: 58



850-558-1500, Ext: x62969

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

Ext: x62969 Date: 08/14/24 Order #: 1584008-1

Re: G.I. MONEY FOUNDATION INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

widele man

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 CORPORATIONS

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F | FLORIDA |
|--|---|--|---|
| 1. The name of t | the corporation: G.I. MONEY FOU | NDATION INC. | |
| | | uite #100 Unit #A278 Bradenton, FL 3420 | 05 |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 06/11/2014 | Document number: N140000 | 005535 |
| | I street address of the current regist tment of State: (If resigned, enter t | tered agent and registered office on file wiresigned) | th the |
| | REGISTERED AGENTS INC | | |
| | 7901 4TH STREET N STE 300 | | . 12 |
| | ST PETERSBURG, FL 33702 | | F1 2024 AUG (SECTAL) |
| 6. The name and (if changed): | I street address of the new register | ed agent (if changed) and /or registered off | ice in |
| | Corporation Service Company | | 19 3. 0 |
| | 1201 Hays Street | | . 55 |
| | | P.O. Box NOT acceptable | . ··· |
| | Tallahassee | FL 32301 | - |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its | s registered agent, |
| Such change wa authorized by th | as authorized by resolution duly a ne board, or the corporation has b | dopted by its board of directors or by an een notified in writing of the change. | officer so |
| /s/ Masis Sarkisian | | Masis Sarkisian, President | |
| Signature of an officer or director | | Printed or typed name and tit | |
| I hereby accept I further agree to of my duties, an document is bei corporation has Corporation | the appointment as registered ag to comply with the provisions of a led I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this con Service Company | tent and agree to act in this capacity, all statutes relative to the proper and com he obligation of my position as registered to in the registered office address, I hereb hange. | plete performance lagent. Or, if this ny confirm that the |
| By: Whoca C-Kinby | | 8/6/2024 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | , | |
| Ţ | yped or Printed Name * * * FILES | NG FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

CSC COA-8230