Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000323340 3)))



H210003233403ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

			
	To:	Đivision of Corporations	i F
		Fax Number : (850)617-6380	<u></u>
- 3	From:	Account Name : REGISTERED AGENTS INC.	ب ن ۱۲ ۲۳
PH 12:		Account Number : I20090000081	רב. הר
å.		Phone : (307)200-2803 Fax Number : (855)330-1010	¥
\odot			· ·

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 GPSC USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

AUG 3 1 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

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 _ registered agent, or both, in the State of F		
1. The name of t	he corporation: GPSC USA, INC.	· · · · · · · · · · · · · · · · · · ·		
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/17/2020	Document number: P090000	33275	
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wi	th the	
	DANESE, MARIO			
	∑	202		
	MIAMI, FL 33131			2021 AUS
6. The name and (if changed):	Tice Fig.	30 AH		
	Registered Agents Inc.		\$ \frac{1}{2}	ည ဌာ
	7901 4th St N STE 300		•	ည်
P.O. Box NOT acceptable St. Petersburg FL 33702				
Such change wa	ess of its registered office and the be identical.	street address of the business office of its dopted by its board of directors or by an een notified in writing of the change.		
Mari	o Danese	Mario Danese, President		
Lhereby accept	the appointment as revistered av	Printed or typed name and talk ent and agree to act in this capacity, ill statutes relative to the proper and come and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.		
Bechan	·	8/30/21		
_	nature of Registered Agent	Date		
	half of an entity:			
Bill Havre	yped or Printed Name			
ı	ped to i inica mane			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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