## P09000099790

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		ļ

Office Use Only



000351136530

08/27/20--01018--018 \*\*35.00

2020 AUG 27 AM IO: 29

JQ 10/12/20

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations
	•
SUBJ	ECT: G.S.S Enterprises, Inc
Name	of Corporation
DOC	JMENT NUMBER: P09000099790
The er	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Meline	da M Smith
Name	of Contact Person
G.S.S.	Enterprises, Inc
Firm/0	Company
2453 5	th St
Addre	SS
Owing	s MD 20736
City/S	tate and Zip Code
	melinda@gssenterprises.com
E-mai	l address: (to be used for future annual report notification)
	•
re.	
ror Iui	ther information concerning this matter, please call:
Melino	la M Smith at ( 305 ) 505-1453
	Name of Contact Person at (305 ) 505-1453  Name of Contact Person Area Code & Daytime Telephone Number
	·
Enclos	ed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 nge is submitted for a corporation organized under r to change its registered office or registered agent,	the laws of the State of Flo	rida	
	he corporation: G.S.S Enterprises, Inc	or oom, in the state of Fior.	ιαα.	
	office address: 2453 5th St			-
3. The mailing a	ddress (if different): same		<u> </u>	-
4. Date of incorp	poration/qualification: 1/3/2011 Docu	ment number: P0900009979	90	_
5. The name and Florida Depar	street address of the current registered agent and retiment of State: (If resigned, enter resigned)	gistered office on file with t	he	
	Melinda M Smith			
	23 Center Lane		2020 I	
	Key Largo, FL. 33037		AUG 2	·
6. The name and (if changed):	street address of the new registered agent (if chang	ed) and /or registered office	2020 AUG 27 AM 10: 2 SUFFETARY OF STAI TALLAHASSEE, FL	£
	Mark P Smith		0: 2:	
	335 Canoe St		. tui <b>. 0</b>	
	ble			
	Orange park, FL. 32073			
The street addre as changed will	ss of its registered office and the street address of be identical.	the business office of its re	gistered agent	
Such change wa authorized by th	is authorized by resolution duly adopted by its boare board, or the corporation has been notified in w	ird of directors or by an offi riting of the change.	icer so	
MM Sm		M Smith		
	e of an officer or director	Printed or typed name and title		
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to o comply with the provisions of all statutes relative of the obligation of the complex with and accept the obligation of the filed merely to reflect a change in the registered been notified in writing of this change.	act in this capacity. To the proper and comple To position as registered ag d office address, I hereby ca	te performanc zent. Or, if thi onfirm that the	e S ?
	lature of Registered Agent	3/10/2020		
		' Date		
is signing on bei	palf of an entity:  Powity			
Ty VIL	ped or Printed Name			

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