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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

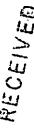
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REGISTERED AGENT CHANGE GSI GLOBAL CORP.

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G SIMMONS Help MAR 1 6 2022

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

statement of ch	ange is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida		
		egistered agent, or both, in the State of Florida.		
	the corporation: GSI GLOBAL C			
2. The principa	l office address: 8121 SE Waterw	vay Drive Hobe Sound, Florida 33475		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 05/18/10	Document number: P100000426	89	
	nd street address of the current registent frament of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	NRAI SERVICES, INC			
	1200 SOUTH PINE ISL	AND ROAD	9 0	<u>[</u>
	PLANTATION, FL 3332	4	· <u>·</u> ·	æZZ FAR TI
6. The name ar (if changed):	Q	dagent (if changed) and /or registered office	· :	
	Northwest Registered A	gent LLC	11	
	7901 4th St N STE 300		17	60:1
	St. Petersburg FL 33702	O. Box NOT acceptable		
The street addi	ress of its registered office and the s	treet address of the business office of its regist	tered ag	gent,
Such change wanthorized by	vas authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer en notified in writing of the change.	so	
Kevin H	aumes	Kevin Haymes, President		
Signal	ure of an officer or director	Printed or typed name and title		
I hereby accep I further agree of my duties, a document is be corporation ha	nt the appointment as registered age to comply with the provisions of al and I am familiar with and accept the cing filed merely to reflect a change as been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete pe e obligation of my position as registered agent in the registered office address, I hereby confi ange.	verform t. Or ij irm thad	ance f this t the
Ton G	love_	03/10/2022		
Š	gnature of Registered Agent	Date		
	chalf of an entity:			
Tom Glove				
	Typed or Printed Name			
	* * * FILIN	G 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)