Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DBO SERVICES LLC

Account Number : I20250000109 Phone : (302)205-3050

Fax Number : (443)330-7737

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 GDC AMERICA, INC.



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Help

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

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the laws	of the State	of Florida	his
		sterea agent, or vout,	in ine State	oj r ioriaa.	
1. The name of	the corporation: GDC America, Inc.				
2. The principal	office address: 3600 South Boulevard, S			·····	
	Charlotte, North Carolina	a 28209 ————————————————————————————————————			
3. The mailing a	nddress (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification: 07/14/2011	Document nui	mber: <u>P110</u>	00063648	
	d street address of the current registered riment of State: (If resigned, enter resig		office on file	e with the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324				
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /	or registered	d office	
	DBO Services LLC				
	155 OFFICE PLAZA DR.				
		Box NOT acceptable			
	TALLAHASSEE, FL 32301				
The street address changed will	ess of its registered office and the stree be identical.	et address of the busin	iess office (of its register	ed agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of dire	ectors or by the change.	/ an officer so)
/s/ Adria Hutcl	hison	Adria Hutchison, C	CFO & Treas	surer	
-	re of an officer or director		or typed name a	ind title	20
I further agree a of my duties, an document is bei	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all stand of am familiar with and accept the of any filed merely to reflect a change in a been notified in writing of this chang	ututes relative to the p bligation of my position the registered office a	s capacity. Proper and On as regist address, I ho	-1 ·	formance Of if this in that the
DBO Services		07/03/2025		SSE	e in
Sig	nature of Registered Agent		Date	ان الله ان الله	
If signing on be	half of an entity:			,:	بب ت
Niyya Rice				_	
τ	yped 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 CR2E045 (04/13)