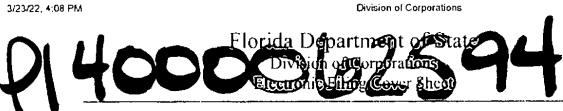
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## REGISTERED AGENT CHANGE GGBF, INC.

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## 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 Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	<b>3</b>	registered agent, or vort, in the state of Profitial.	
	he corporation: GGBF, INC.		
	office address: 27 Pacella Park Driv olph, Massachusetts 02368, United S		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 7/22/2014	Document number: P14000062594	
	street address of the current registment of State: (If resigned, enter the current of State)	tered agent and registered office on file with the resigned)	
	JOSEF RETTMAN	72 23 23 23	
	2707 REW CIRCLE	23 N	
	OCOEE, FL 34761		
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
	Ā	street address of the business office of its registered agent,	
Such change we authorized by the	as abthorized by resolution duly a be board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
Signatiu	id of an officer or director	Josef F. Rattman, Presider	+
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	tent and agree to act in this capacity. This statutes relative to the proper and complete performance The obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the thange.	
C T Corporation	Days Roll	03/09/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Denisc Bell, Ass	istant Secretary		
Ť	yped or Printed Name	<del>-</del>	

\* \* \* 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)

By: