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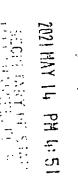
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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: GAO CONSULTING INC Name of Corporation							
DOCUMENT NUMBER: P 15 0000 72659							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
GARRY O'Neil Name of Contact Person GAO CONSULTING Firm/Company 22623 MORNING GLORY CIR Address BRADENTON FL 34202 City/State and Zip Code GNONEIL G ISO IST. COM E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
GARRY O'Well at (704) 280 0470 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Street Address: Amendment Section							

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

	•	a corporation	organized un	der the laws	of the State of _	FLORIDA	
1. The name of the							
2. The principal of	ffice address:	22623	Moedi	NC 40	ory CI	<u>p.</u>	
BRAI	PUTON 1	FL 342	202.				
3. The mailing add	dress (if different):			 -			
4. Date of incorpo	ration/qualification	n: <u>08/29</u>	3/2015 D	ocument nu	ımber: <u>YIS</u>	000072659	
5. The name and s Florida Departn	treet address of the nent of State: (If re			d registered	office on file w	ith the	
_	GARRY	O. Neil	<u>-</u> .			_	
_	12302	THOEN	hill c			_	
_	LAKew	000 R	ANCH	FL	34202	_	
6. The name and s (if changed):	treet address of th	e new register	ed agent (if ch	anged) and	or registered of	Fice 2021	
_	SAME					- 33 A 77	
_			P.O. Box NOT acc		CIR		
_	BRADENTO	ON FL	34202	<u></u>		- # 5 G	
The street address as changed will b	s of its registered e identical.	office and the	street address	s of the bus	iness office of i	ts registered agent,	
Such change was authorized by the	authorized by res	olution duly a poration has b	idopted by its seen notified in	board of di n writing of	rectors or by an the change.	officer so	
Signaturé	of an officer or director	 		ARRY	or typed name and t	MEMBE/2	
I hereby accept the I further agree to of my duties, and document is being corporation has be	ne appointment as comply with the plan familiar with gilled merely to refer notified in wi	registered as provisions of a h and accept t eflect a chang iting of this c	gent and agree all statutes rel the obligation ge in the regist thange.	e to act in the ative to the of my posit tered office	his capacity. proper and cor ion as registere address, I here	inplete performance ed agent. Or, if this by confirm that the	
Hay God D				5/10/2021			
	ture of Registered Agent				Date		
Ksigning of beha							
6ARRICE (Type	ed or Printed Name		-				

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