P17000045186

| (Requestor's Name) |
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1883 W. Royal Hunte Dr Ste. 200 Cedar City, Utah 84720 Phone 435-586-9366 Fax 435-586-9491 Brittney Hash, Legal Assistant Brittney@kkoslawyers.com

May 13, 2020

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

Florida State Division of Corporations

Effective immediately, please file the change of Registered Agent and Registered Office for Global Systems Innovation, Inc. (P17000045186) Attached is a check in the amount of \$35.00 for any filing fees required.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Brittney Hash Legal Assistant

Enclosures

COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: Global Systems Innovation, Inc. | |
|---|---|
| Name of Corporation | |
| DOCUMENT NUMBER: P17000045186 | |
| The enclosed Statement of Change of Registered Office | ce/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Brittney Hash | |
| Name of Contact Person | |
| KKOS Lawyers | |
| Firm/Company | |
| 1883 W. Royal Hunte Dr. Suite 200 | |
| Address | |
| Cedar City, UT 84720 | |
| City/State and Zip Code | |
| brittney@kkoslawyers.com | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please | call: |
| Brittney Hash | 31 (435) 586-9366 |
| Name of Contact Person | at (435) 586-9366 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Depa | rtment 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, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. | |
|---|---|--|
| 1. The name of t | he corporation: Global Systems Innovation, Inc. | |
| | office address: 4009 Highland Avenue W Bradenton, FL 34205 | |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 05/19/2017 Document number: P17000045186 | |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) | |
| | United States Corporation Agents, Inc. | |
| | 5575 W. Semoran Blvd Suite 36 | |
| | Orlando, FL 32822 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| | Registered Agent Solutions, Inc. | |
| | 155 Office Plaza Dr. Suite A | |
| | P.O. Box NOT acceptable | |
| | Tallahassee, FL 32301 | |
| The street addre as changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change was authorized by th | is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change. | |
| Craix | Craig Smithpeters, Presiden re of all of typed name and title | |
| of my duties, an document is bei | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change. | |
| Blattan | 05/13/2020 | |
| 1 7 | half of an entity: | |
| Brittney H | ash yped or Printed Name | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (04/13)