**Division of Corporations** Electronic Filing Cover Sheet

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(((H22000414112 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

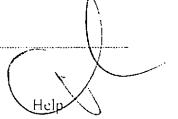
\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. \*\*

Email Address:	
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## REGISTERED AGENT CHANGE **GULF COAST DIST INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT:_	GULF	COAST DIST INC
Name of Cor	poration	
DOCUMEN	T NUMBER:	P20000011399

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:

Vanessa Castillo			
Name of Contact Person		2(	
Registered Agent Solutions, Inc.	•	2022	
Firm/Company		哥	[]
Corporate Center One, 5301 Southwest Pkwy, Ste 400	· 		هيد. دهدوره
Address		α	. <del></del>
Austin, Texas 78735	<u>(7)</u>	产	: (1
City/State and Zip Code	रा कुर्	ထ္	O
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Vanessa Castillo	at ( <u>888</u>	705-7274
Name of Contact Person	Area Codu	2 & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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/L3)

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

	provisions of sections 607.05 unge is submitted for a corpor			
in orde	er to change its registered offi	ce or registered agent, e	or both, in the State o	of Florida.
1. The name of	the corporation: GULF C	COAST DIST II	VC	
2. The principal	office address: 11600 C		Apt 205	
	iddress (if different):			
4. Date of incorp	poration/qualification: 2/10	0/2020 <sub>Docur</sub>	nent number: P20	000011399
	d street address of the current rtment of State: (If resigned, c		distered office on file	
	Blumbergexcels	sior Corporate	Services Ir	2022 DEC
	155 Office Plaza Drive	, 1	st FI.	— <u> </u>
	Tallahassee,	F	L 32301	-8 AM
6. The name and (if changed):	I street address of the new reg			rn 🚅
	155 Office Plaz	za Dr. Suit		
	Tallahassee		2301	
The street address changed will	ess of its registered office an be identical.	d the street address of t	he business office of	f its registered agent.
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	luly adopted by its boar has been notified in wri	d of directors or by a	an officer so
ISI JOHN C	ONKLIN re of an officer or director	J <u>OHN</u>	CONKLIN Printed or typed name an	Director
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registers to comply with the provision d I am familiar with and acc ng filed merely to reflect a c s been notified in writing of t	s of all statutes relative wit the obligation of m	et in this capacity to the proper and c	omplete performance red avent 'Or if this
Hocken	zidt	12/7/2	2022	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Mackenzie Hart,	Assistant Secretary			
17	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)