Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

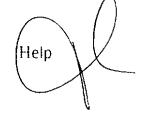
Emai]	Add	ress:
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## REGISTERED AGENT CHANGE **GPEXCLUSIVES INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## 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.	
	the corporation: GP EXCLUSIVES I		
2. The principal	office address:		
3. The mailing a	iddress (if different):		
4. Date of incor	Date of incorporation/qualification: 07/07/20 Document number: P20000051789		
	I street address of the current regist timent of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	PAREDES, GINA		
	11940 SW 81ST RD	7023	
	PINECREST, FL 33156	2023 DEC 2	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	
	Registered Agents Inc	9.	
7901 4th St N STE 300			
	P.O. Box NOT acceptable		
	St, Petersburg FL 33702		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent.	
		dopted by its board of directors or by an officer so seen notified in writing of the change.	
Robert	9 [6 <del>-1</del> 88.8.47	Robin Jones, Incorporator	
Signativ	j/VX-47 re of an officer or director	Printed or typed name and title	
I further agrée ( of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the hange.	
David X	<i>e</i> berts	12/21/2023	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Γ	yped or Printed Name		

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