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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GL Genery Store INC Name of Corporation		
DOCUMENT NUMBER: Palam 77602		
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:		
Name of Contact Person		
GPL Grocery Store INC Firm/Company		
6708 Bench BWD Address		
Tocksmylle, FL 32216 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Vaca Alawad Name of Contact Person	at (818) 966 1433 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	
Division of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GPL Govern store IN
2. The principal office address: 6708 Banch BLVD Jocksonville FL 32216
3. The mailing address (if different):
4. Date of incorporation/qualification: 18 30 2021 Document number: P210000 17602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
George Almospallah
7125 Heliday 2D South
Jacksonville, FL 32216
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lina Alawad
7125 Holiday RD South
Tacksonville, Fr. 32216
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Lina Alauvad Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
GAL GYISTEN STOTE INC Typed 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 * * *