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

Silvery Straig Cong.

statement of ch	ange is submitted for a corporation	7,0502, 607,1508, or 617,1508, Florida . organized under the laws of the State of _ registered agent, or both, in the State of I	FL.	
1. The name of	the corporation: GT IMPORTS INC.			
2. The principal	I office address: 1729 NW ST. LUCI	E WEST BLVD. 11/7 PORT ST. LUCIE	, FL 34986	
3. The mailing:	address (if different):			
4. Date of incor	. Date of incorporation/qualification: 09/18/2024 Document number: P24000059739			
	d street address of the current register frament of State: (If resigned, enter re	ered agent and registered office on file wissigned)	ith the	
	KHAMMAR, THOMAS		_	
	1729 NW ST. LUCIE WEST BLV	/D. 1094	202) SF	
	PORT ST. LUCIE	FL 34986	17 1 2025 JAN	
6. The name an (if changed):	-	d agent (if changed) and /or registered of	29 Pl	
	Corporation Service Company		္ ္မြက္ ယ္ဟု	
	1201 Hays Street		58	
		".O. Box NOT acceptable	_	
	Tallahassee	FL 32301	_	
The street addr as changed wil	ress of its registered office and the s I be identical.	street address of the business office of it	s registered agent,	
Such change w authorized by t	ras authorized by resolution duly ac the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so	
/s/ Thomas Khammar		Thomas Khammar	President	
	ure of an officer or director	Printed or typed name and ti	ile	
l further agrée of my duties, ai document is be corporation ha	t the appointment as registered ago to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch on Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and con le obligation of my position as registere e in the registered office address, I heret ange.	nplete performance d agent. Or, if this by confirm that the	
By: Mars 7-Kuby		01/16/2025		
Sış	gnature of Registered, Agent	Date		
If signing on be	chalf of an entity:			
GRACE E. KIR	BY, ASST. VICE PRESIDENT			
7	Typed 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)