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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORDTION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878~5368

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

Emp.	; :	Δ Γ	dd	~~	22	

REGISTERED AGENT CHANGE GSA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

	mendment Section livision of Corporations				
SUBJECT	Γ:	GSA, INC	•		
		Name of Co	rporation		
DOCUMI	ENT NUMBER:	P930	000051974		
The enclos	sed Statement of Change of	Registered Office	Agent and file are subn	nitted for filing.	
Please retu	irn all correspondence conc	erning this matter	to the following:		
		Mike So			
		Name of Con	tact Person		
		Airline Tech	Reps, LLC		
		Firm/Co	mpany		
	2000 N.E. Jensen Beach Bivd.				
		Addre	388		
	Jensen Beach, FL 34957				
		City/State and	Zip Code		
		ike.sommers@stsav			
	E-mail addr e ss: (to be used for fu	ture annual report not	ification)	
For further	information concerning thi	s matter, please ca	d1:		
	C T Corporation System	n	800	432-3434	
	Name of Contact Perso	n	Area Code & Day	432-3434 ime Telephone Number	
Enclosed is	a \$35.00 check made paya	ble to the Departn	nent of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations Clifton Building 266: Executive Center Circle Tallahassee, FL 32301		

CR2E045 (8/05)

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

statement of ch	provisions of sections 607.0502, 617.	ganized under the laws of the State o	f Florida
	er to change its registered office or re the corporation;	-	
Jensen Beach	office address: 2000 N.E. Jensen Beau I, FL 34957	<i></i>	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 7/21/19	Document number:	P93000051974
	d street address of the current register riment of State: (If resigned, enter res		with the
	Corp Direct Agents, Inc.		_
	515 East Park Avenue		_
	Tailahassee, Fl. 32301		
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered o	BII OCT 18 P
	C T Corporation System		///////////////////////////////
	c/o C T Corporation System, 1200 Soc		
		NOT acceptable	
	Plantation, Florida 33324		_ A •
	ess of its registered office and the sta be identical.		
Such change was	as authorized by resolution duly ado se board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer so
Market	1 Same	Min ted of typed name whi	Sianones _
	the appointment as registered agen to comply with the provisions of all del am familiar with and accept the ng filed merely to reflect a change is seen notified in writing of this cha	• • • • • • • • • • • • • • • • • • • •	omplete performance red agent. Or, if this eby confirm that the
By: Warls	Corporation System U.G. OSMULL	10-16011	
Sign	nature of Registered Agent	Linic	
	half of an entity: Barbara A. Burke Special Assistant Secretary		
,	yped or Printed Nume * * * 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 (8/05)