I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. CEO

SIGNATURE: MICHELE BENSON

Electronic Signature of Signing Officer/Director Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :				
	Title	т	Title	D
	Name	BENSON, MICHELE	Name	CALABRIA, EUGENE
	Address	7233 FREEDOM AVE NW	Address	7233 FREEDOM AVE NW
	City-State-Zip:	NORTH CANTON OH 44720	City-State-Zip:	NORTH CANTON OH 44720
	Title	S		
	Name	MERRIMAN, MICHAEL		
	Address	7233 FREEDOM AVE NW		
	City-State-Zip:	NORTH CANTON OH 44720		

FEI Number: 34-1084079

NORTH CANTON. OH 44720 US

Current Mailing Address:

DOCUMENT# 829720

7233 FREEDOM AVE NW NORTH CANTON, OH 44720

P.O. BOX 2340

Current Principal Place of Business:

Name and Address of Current Registered Agent:

DECAIRE, THOMAS J 12520 AUTOMOBILE BLVD. CLEARWATER, FL 33762 US

Entity Name: GBS FORMS & SYSTEMS, INCORPORATED

FILED Mar 23, 2023 Secretary of State 1073430490CC

Certificate of Status Desired: No

03/23/2023

Date

Date