### 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

- 4 - 11 -

# 0

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 4472
	<b>T</b> '41-			
	Title	S		
	Name	MERRIMAN, MICHAEL		
	Address	7233 FREEDOM AVE NW		
	City-State-Zip:	NORTH CANTON OH 44720		

### 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.

P.O. BOX 2340 NORTH CANTON. OH 44720 US

**Current Principal Place of Business:** 

## FEI Number: 34-1084079

**Current Mailing Address:** 

**DOCUMENT# 829720** 

7233 FREEDOM AVE NW NORTH CANTON, OH 44720

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Entity Name: GBS FORMS & SYSTEMS, INCORPORATED

## FILED Mar 19, 2024 Secretary of State 2734349331CC

Certificate of Status Desired: No

03/19/2024

Date

Date