## **Form 401** (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709



## Statement of Change of Registered Office/Agent

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

NOV 15 2021

Corporations Section

Filing Fee: See instructions					
Entity Information					
1. The name of the entity is:		"Y.			
Gulf Coast Archive & Museum of	GLBT History, Inc.				
State the name of the entity as curren	tly shown in the records of the secretary of state.				
2. The file number issued to the	e filing entity by the secretary of state is	155460201			
3. The name of the registered agent as currently shown on the records of the secretary of state is:					
Judy Reeves					
Registered Agent Name					
The address of the registered office as currently shown on the records of the secretary of state is:					
822 W 14th St	Houston	TX 77008			
Street Address	City	State Zip Code			
Change to Registered Agent/Registered Office  4. The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:					
Registered Agent Change (Complete either A or B, but not both. Also complete C if the address has changed.)  A. The new registered agent is an organization (cannot be entity named above) by the name of:					
OR  B. The new registered age	nt is an individual resident of the state w	hose name is:			
First Name	M.I. Last Name	Suffix			
	Registered Office Change				
C. The business address of the registered agent and the registered office address is changed to:					
114 E Thornton Rd	Houston	TX 77022			
Street Address (No P.O. Box)	City	State Zip Code			

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The street address of the registered office as stated in this instrument is the same as the registered

## **Statement of Approval**

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

## Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective whe B. This document becomes effective at a the date of signing. The delayed effective da C. This document takes effect upon the or	later date, which is not mon	re than ninety (90	) days from		
passage of time. The 90 <sup>th</sup> day after the date of		or ruot, outer than			
The following event or fact will cause the do		manner describe	d below:		
Execution					
The undersigned affirms that the person appointment. The undersigned signs this do submission of a materially false or fraudulent undersigned is authorized to execute the filing	cument subject to the pen instrument and certifies ur	alties imposed b	y law for the		
Date: 11/10/2021	Bred				
•	Signature of authorized person		•		
	Bruce Reeves, Treasurer Printed or typed name of authorize	red person (see instruct	ions)		
	rinica of typea name of authoriz	sen beison (see mismie)	10115)		
		Print	Reset		