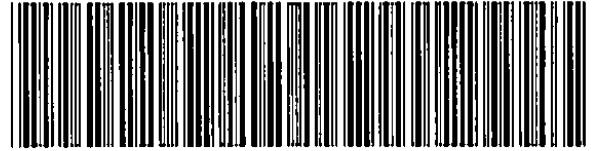


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL



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2021 SEP 13 PM 12:41

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2021

DAMASO SAAVEDRA
888 SE 3RD AVE SUITE 500
FT LAUDERDALE, FL 33316

SUBJECT: GERALD M. HOLLAND, TRUSTEE
Ref. Number: D05000000001

We have received your document for GERALD M. HOLLAND, TRUSTEE and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the proper form to update/change the registere agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 521A00020882

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GERALD M. HOLLAND, TRUSTEE

DOCUMENT NUMBER: D05000000001

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damaso W. Saavedra
Name of Contact Person

Saavedra-Goodwin
Firm/ Company

888 S.E 3rd Avenue, Suite 500
Address

Fort Lauderdale , Florida 33316
City/ State and Zip Code

dpazo@saavlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Pazo at (954) 767-6333
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gerald M. Holland, Trustee

2. The principal office address: 4860 NE 17th Avenue, Fort Lauderdale Florida 33334

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-4-2005 Document number: D050000000000000000000

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Damaso W. Saavedra esq
312 SE 17th St. Fort Lauderdale
FL 33316

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Damaso W. Saavedra esq
888 SE 3rd Avenue Suite 500
Fort Lauderdale FL 33316

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 13 AM 9:02

FILED

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change is authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Damaso W. Saavedra
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

9-8-21

Date

If signing on behalf of an entity:

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