

F 20000000257

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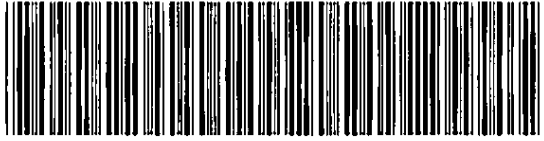
(Business Entity Name)

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DATE: 11/19/20

NAME: GELTR INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GELTR INC.
Name of Corporation _____

DOCUMENT NUMBER: F20000000257

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOFÍA M. YAGÜE

Name of Contact Person

Next Legal

Firm/Company
1395 Brickell Avenue, Suite 950

Address
Miami, FL 33131

City/State and Zip Code
sofia@nextlegal.us

E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

SOFÍA M. YAGÜE _____ at (786) 785-1677
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GELTR INC.

2. The principal office address: 2875 NE 191st Street, Suite 500 PMB 174, Aventura, FL 33180

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/15/2020 Document number: F20000000257

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)

Gabriel Roizner
121 NE 34th St. Unit 1104
Miami, FL 33137

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

2875 NE 191st Street, Suite 500 PMB 174
Aventura, FL 33180
P.O. Box NOT acceptable

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 was 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.

Gabriel Roizner
_____ of an officer or director

Gabriel Roizner, President
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 this 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.

Gabriel Roizner
Signature of Registered Agent

11/19/2020
Date

If signing on behalf of an entity:

Gabriel Roizner
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
CR2E045 (04/13)

