

**L07000099350**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**100189443961**

01/06/11--01012--012 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
11 JAN - 6 AM 11:51

N. Sullivan JAN - 7 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GIT Consulting LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgio Tachiev

Name of Person

GIT Consulting LLC

Firm/Company

614 Aledo Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

georgio.tachiev@gmail.com

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

For further information concerning this matter, please call:

Georgio Tachiev

Name of Person

at ( 305 )

632-9386

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: GIT Consulting LLC

2. (a) Principal office address of limited liability company: GIT Consulting LLC

(Note: **MUST BE STREET ADDRESS**)

2332 Galiano Street, 2nd Floor  
Coral Gables, FL 33134

(b) Mailing address of limited liability company:

Georgio Tachiev

(Note: **MAY BE POST OFFICE BOX**)

614 Aledo Ave  
Coral Gables, FL 33134

09/28/2007

3. Date of filing/registration in Florida

L07000099350

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

RUDOLPH, JASON S ESQ

Registered Office Address:

10800 BISCAYNE BLVD  
BAYSHORE EXEC. PLAZA, SUITE 800  
MIAMI FL 33161 US

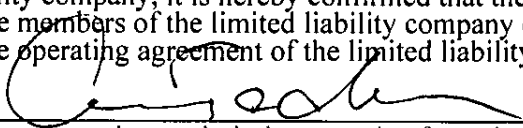
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Georgio Tachiev

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**