## Florida Department of State

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

tter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE GIGLY, LLC

| PURCHASTICAL PROPERTY CONTRACTOR AND ASSESSMENT OF THE PROPERTY OF THE PROPERT | - Company Company Company of the Com |
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| Certificate of Status  | 0  |
| Certified Copy   | 0  |
| Page Count   | 02   |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| ı Ma  | ime of the limited liability company: GIGLY, LLC   |   |  |  |  |               |                                     |
|---|--|---|--|--|--|---------------|-------------------------------------|
|   | 13014 N DALE MABRY HWY STE 341   | 1   | (b)  | 13014 N  | DALE MABRY HWY STE   |               |                                     |
| 2. (a)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  TAMPA, FL 33618  | ···                                       | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  TAMPA, FL 33618 |  |  | ny:<br>)      |                                     |
|   |  |   |  |  |  |               |                                     |
|   | 08/19/2020   |   | i.   | .20000240  |  |               |                                     |
| 3.  | Date of filing/registration in Florida   | 4.  |  |  | Document number  |               |                                     |
| . (a)   | CORPORATION SERVICE COMPANY  |   |  |  |  |               |                                     |
| (b)   | Registered Agent and Registered Office shown on the records of   | the Flori                                 | da I   | Dept, of Sta                                       | nte:   |               |                                     |
|   | 1201 HAYS STREET   |   |  |  |  |               |                                     |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |  |  |  |               |                                     |
|   |  |   |  |  | _  |               | <u>=</u>                            |
|   | TALLAHASSEE, FI  | L_32301                                   |  |  | _  | <b>21</b> JUL | SECE<br>VISIO                       |
|   | Corporate Creations Network Inc.   |   |  |  | _  | JE −8         | N OF C                              |
|   | Emer name of NEW Registered Agent and/or NEW Registered  | d Office a                                | <u>add</u>   | ress:  |  |               | CORP                                |
|   | 801 US Highway 1   |   |  |  | AH 9:  | F ST          |                                     |
|   | NEW Registered Office Address:   |   |  |  | _  | 8             | STAIL                               |
|   | North Palm Beach . FI  | 33408                                     |  |  |  |               |                                     |
| change<br>agent v   | imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members included organization of the operating agreement of the                                | ws of the registe ability of the li       | con<br>imit  | npany, it<br>ted liabili<br>ability co             | is hereby confirmed that the company or as otherwise impany. | he change     | 2(s)                                |
|   | Carlina  | <u>C</u> :                                | ario   | 5 M Alvai  | rez. Attorney-in-Fact Printed or typed name of sign          | nce           |                                     |
| I here<br>provisi<br>the obi<br>to mer<br>notifie<br>Carlos | ture of a member or authorized representative of a member thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered affice activess, I d in writing of this change. | ree to a<br>perfori<br>d for in<br>hereby | ect i<br>mai<br>r Cl<br>cor  | n this cap<br>nee of my<br>hapter 60<br>afirm that |  |               | ith the<br>accept<br>g filed<br>wen |
| Signatu   | ire of Registered Agent  |   |  |  |  |               |                                     |