

A16000000573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gilart Investments, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A16000000573

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

Please return all correspondence concerning this matter to:

Nicholas M. Porras  
Contact Person

Law Offices of Nicholas M. Porras  
Firm/Company

199 East Flagler St. #147  
Address

Miami, FL 33141  
City, State and Zip Code

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

For further information concerning this matter, please call:

Nicholas M. Porras at ( 305 ) 424-9231  
Name of Contact Person Area Code and Daytime Telephone Number

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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GILART INVESTMENTS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/19/2016 3. A16000000573  
Date of filing/registration in Florida Florida document number

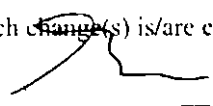
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SG REGISTERED AGENT LLC  
Name  
200 E. PALMETTO PARK RD., STE 103  
Address  
BOCA RATON, FL 33432  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NICHOLAS M. PORRAS  
Name  
250 NW 23RD ST. #407  
Florida street address (P.O. Box not acceptable)  
MIAMI FL 33127  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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