(Reque	stor's Name)	-
(Addres	s)	
(Addres	<u></u>	
(Addies	(3)	
(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nar	ne)
(Docum	ent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	g Officer:	
		<u> </u>

Office Use Only



800371632788

08/19/21--01014--017 **280.6

11.5°



7. EU 1 MED 221 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.

Letter Number: 521A00020882

Catherine M Brumbley Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GERALD M. HOL	LLAND, TRUSTEE	
DOCUMENT NUM	1205000000001		
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Damaso W. Saavedra		
	·	Name of Contact Perso	n
	Saavedra-Goodwin		
		Firm/ Company	
	888 S.E 3rd Avenue, Suite 50	00	
		Address	
	Fort Lauderdale, Florida 333	316	
		City/ State and Zip Cod	le
dna	zo@saavlaw.com		
-1	•	to be used for future annua	nl report notification)
For further informatio	n concerning this matter, plea	954	767-6333
Name	of Contact Person	at (Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	eartment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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 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 Lauderda
Florida 33334
3. The mailing address (if different):
4. Date of incorporation/qualification: 1-4-205 Document number: 05000000
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. Scavedra esa
312 Se 17th St. Fort Lauderdale
FI 33316
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Damaso W. Spavedra esa
888 Se 3rd Avenue Suite 500 Ms. P.O. Box NOT acceptable
Fort lauderdale FL 33316
The street address of its registered office and the street address of the business office of its registered agen 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 baird, or the corporation has been notified in writing of the change.
Signature A arbiflicer or director Signature A arbiflicer or director Printed or typed frame and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree accomply with the provisions of all statutes relative to the proper and complete performance of my duties, and I are familiar with and accept the obligation of my position as registered agent. Or, if the document is period filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been positived in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *