Gabriela Victoria

10635 NE 11th Ave. Miami Shores, FL 33138

City/State/Zip

Phone #

100007387981--8 -08/28/02--01033--004

*****25.00 *****25.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #)

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3	(Corporation Name)	(Document #)	

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	☐ Walk in	Pick up time		Certified Copy
	☐ Mail out	☐ Will wait	Photocopy	☐ Certificate of Status

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NE'	W FILINGS	AM	<u>IENDMENTS</u>	LáHá
	Profit Not for Profit Limited Liability		Amendment Resignation of R.A., Officer/Direct Change of Registered Agent	tor;
	Domestication		Dissolution/Withdrawal	

Other

Other OTHER FILINGS	Merger REGISTRATION/QUALIFICATION) N
Domestication	Dissolution/Withdrawal	1

OTHER FILINGS	REGISTRATION/QUALI
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark

Evaminer's Initials

CR2E031(7/97)

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. The name of the limited liability company is: Gabriela V. LLC
2. The mailing address of the limited liability company is: 10635 NE 11th avenue.
miami Fl 33138
Miami Fl 33138 March 28,2001 L0100004776 A Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name Name
1000 West avenue, Suite 1117
Florida Department of State: Business Filings Incorporated Name 1000 West avenue, Suite 1114 Address Miami Beach: Fl 33139 City, State and Zip
6. The name and address of the new registered agent and/or office:
JOAQUIN LIMATIA 10635 NE 11th ave.
10635 NE 11th ave.
Florida street address (P.O. Box NOT acceptable)
Miami FL 33138 SE TO City, State and Zip
9:12: - T
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 aftimative 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)
Gabriela Victorie
(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

INHS18(10/99)