LOSO0052662

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
,	,	
10:1	10-1-77-101	- 10
(Cit	y/State/Zip/Phone	€#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(52	omess Emry Ham	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900332958009

10 NIG -6 AH 10: 20

2019 AUG -8 AM 9: 51

T GLASS AUG 0 9 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 874693 7456856
AUTHORIZATION: Spulle Man
COST LIMIT : \$ 25.00
ORDER DATE : August 7, 2019
ORDER DATE: August 7, 2019 ORDER TIME: 9:01 AM ORDER TIME: 9:01 AM
ORDER NO. : 874693-005
CUSTOMER NO: 7456856
. <u>o</u>
CHANGE OF AGENT
NAME: GARIBALDI PARTNERS LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Roxanne Turner EXT#
EXAMINER:

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.

1. N	ame of the limited liability company: Garibaldi Partne	ers LLC		<u> </u>			
2. (a)	750 W. California Avenue	(b)	750 W	. Califomia Avenue			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of timit	ted liability	-	-
	Absecon, NJ 08201	_	Absecon	, NJ 08201		<u> </u>	
3.	05/26/2005 Date of filing/registration in Florida		L0500005				
J,	Date of thing registration in Florida	4.		Document number	•		
5. (a)	Fox Rothschild LLP	_		-			
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State	: :			
	Esperante Building						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		•			
	222 Lakeview Avenue, Suite 700					2	
	West Palm Beach	33401				610	
	, FL_	33401	<u> </u>		•	AUG	
(b)	Corporation Service Company				-:	دي ا	<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	ess:		•	α	
		· -	_			<u>></u>	
	1201 Hays Street					9:	
	NEW Registered Office Address:		, _ _			<u>:</u>	
	Tallahassee , FL_	32301					
the char agent w was/wer	mited liability company is not organized under the laws age or changes are made, the Florida street address of till be identical Or in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	he registe pility com the limite imited lia	red office pany, it is ed liability	and the business of hereby confirmed to company or as other pany.	ffice of the	e regist	tered
Signatu	re of a member or authorized representative of a member	- 1000		nano Printed or typed name o	of signee		
provisio the oblig to merel	y accept the appointment as registered agent and agree as of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he my riting of this change.	erforman for in Char ereby conj	this capa ce of my d apter 605, irm that th	city. I further agre uties, and I am fam. F.S. Or, if this doc te limited liability o	- 10 10 00 mm	ly with and ac being f as bee	the cept filed in
Signature	of Registered Agent Corporation Service Company		loxanne st. Vice F	Turner President			

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