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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,		
SUBJECT: G.I.D. LLC			
(Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
	•		
Ilhami Ak			
Ilhami Ak (Name of Person)			
G.I.D. LLC			
(Firm/Company)			
4001 NW 17TH WAY STE 406			
4901 NW 17TH WAY, STE. 406 (Address)	<u> </u>		
,			
FT. LAUDERDALE FL 33309			
(City/State and Zip Code)	··		
For further information concerning this matter, please call:			
	000 0047		
(Name of Person) at (954)	(Area Code & Daytime Telephone Number)		
(Name of Ferson)	(Alea Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tallallassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
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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 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: G.I.D. LLC 2. The mailing address of the limited liability company is : 4901 NW 17TH WAY, STE. 406 FT. LAUDERDALE FL 33309 L06000093874 09/25/2006 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: LUTFI BAKIR Name 1112 S. FEDERAL HIGHWAY Address FORT LAUDERDALE FL 33316 US City, State and Zip 6. The name and address of the new registered agent and/or office: ILHAMI AK Name 4901 NW 17TH WAY, STE. 406 Florida street address (P.O. Box NOT acceptable) FT. LAUDERDALE FL 33309 City, State and Zip

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 affirmative 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)

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**