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TO: Registration Section Division of Corporations

G & C, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Damaso W. Saavedra

Name of Person

Saavedra-Goodwin

Firm/Company

888 S.E 3rd Avenue, Suite 500

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

dpazo@saavlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

954 767-6333 at ()	
Area Code & Daytime Telephone Number	
Street Address:	
Registration Section	
Division of Corporations	
The Centre of Tallahassee	
2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32303	
ig amount:	

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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. Na	me of the limited liability company:G & C, LLC				
2. (a)		ſ	(b)		
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)			
	221 NORTH BEL AIR DRIVE		221 NORTH BEL AIR DRIVE		
	FORT LAUDERDALE, FL 33317		FORT LAUDERDALE	, FL 33317	
	04/26/2007		1.07000044697		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	Saavedra, Damaso W, Esq.				
J. (a)	Registered Agent and Registered Office shown on the records of	the Fiori	da Dept. of State:	2021 AUG 27 AM 10: 26 SECT AUG 27 AM 10: 26	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>55)</u>	I.I.	ا ا
	312 SE 17 STREET SECOND FLOOR				Γ
	Fort Lauderdale, Fl	33316		27 AHV	Ē
(b)	Saavedra, Damaso W, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office 2	ddress:): 26	2 777
	NEW Registered Office Address:				
	888 SE 3rd Avenue, Suite 500				
	Fort Lauderdale, F	L			
change agent v was/we the arti Signa	imited liability gompany is not organized under the late or changes are made, the Floride street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of member or authorized representative of a member by accept the appointment as registered agent and ag loss of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflection of the registered office address. I d in writing of this change.	e registe ability c of the li limited	red office and the busine company, it is hereby com- mited liability company of liability company. Printed or type ct in this canacing. I furth	ss office of the register of the changer of the complex with the changer of	ered (e(s) led in

Signature of Registered Agent

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

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