

20000004809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

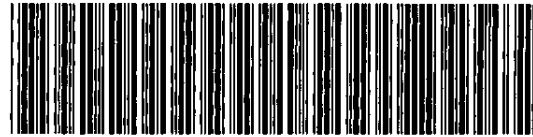
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAR 15 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ga ink
Name of Corporation

DOCUMENT NUMBER: L10000004809

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dorene LaPadula
Name of Contact Person

ga ink
Firm/Company

2996 MYRTLE OAK CIR
Address

SMITH, FL 33328
City/State and Zip Code

dorene @ gaink.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Dorene LaPadula at (904) 915-8607
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Name of the limited liability company: GIA INK, LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2996 Myrtle Oak Cir.
Dunee, FL 33328

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 291105
ft. Lauderdale, FL 33329
L 0000004809

3. Date of filing/registration in Florida

1/13/10

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jerrold Coff

Registered Office Address:

4400 Northcorp Pkwy. #500
Palm Beach Gardens, FL
33410

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Dorene Laladella

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2996 Myrtle Oak Cir.
Dunee, FL 33328
FL

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

Dorene Laladella

Printed or typed name of signee

Dorene Laladella

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

already paid

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