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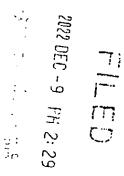
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# COVER LETTER Law Offices of Karen Gatto, LLC Name of Limited Liability Company The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company City/State and Zip Code

kgatto@gattolaw.com

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

For further information concerning this matter, please call:

Address

Karen Gatto 800 675-5507 Name of Person Area Code & Daytime Telephone Number

#### Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Enclosed is a check for the following amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

TO:

Registration Section Division of Corporations

SUBJECT:

Law Offices of Karen Gatto, LLC

8270 Woodland Center Blvd

Tampa, FL 33614

Dear Sir or Madam:

Karen Gatto

### 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.

Na	me of the limited liability company: Law Offices	of Karen Gat	to.	LLC	
a)	8270 Woodland Center Blvd	,	(b)	8270 Wood	land Center Blvd
,	Principal office address of limited nability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Tampa, Fl. 33614			Tampa, FL.	33614
	5-24-2010		l.	.1000005613	36
	Date of filing registration in Florida	4.	-		Document number
781	Karen Gatto				
(a)	Registered Agent and Registered Office shown on the reco	rds of the Flori	da l	Dept. of State:	:
(b)	4590 Overseas Hwy			•	
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRE	55)	<del>-, -, -</del>	
	Slip S				
	Marathon	33030			
		_, FL			
	Bill Havre				
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office i	ıdd	I <u>ress</u> :	207
	Registered Agents Inc				FILE 2022 DEC -9 P
	NEW Registered Office Address:			<del></del>	
	7901 4th St. N., Ste 300				
	St. Petersburg	_, FL_ <sup>33702</sup>			2: 29 (Trails)
gnat v gnat gnat vel visib obli	mited liability company is not organized under the or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limit or authorized by an affirmative vote of the member cless of organization or the operating agreement of the member of a member or authorized representative of a member of accept the appointment as registered agent and comparations of all statutes relative to the proper and comparations of my position as registered agent as provided the change in the registered office address of this change.	of the registe ted liability of the limited	rec	d office and npany, it is ted liability compability comp	the husiness office of the registered hereby confirmed that the change is company or as otherwise provided pany.  Carlo  Printed or typed name of signed