

(((H230002329163)))



H230002329163ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
- 1	\sim	•
•	u	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (954)208-0845

Fax Number

: (614)573-3996

Down Email Address:_

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

	ryanghangan Mahana na mahana na mahana na daraha ana daraha dara
į Ļ	LLC REGISTERED AGENT CHANGE

EBG GIFT CARD SERVICES, LLC

Certificate of Status	0
Certified Copy	l l
Page Count	02
Estimated Charge	\$55.00

M. SOLOMON

JUL - 5 2023

Electronic Filing Menu Corporate Filing Menu

Help

To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2023-06-30 14:18:04 CST

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: EBG GIFT CARI	D SERVICES, LI	.c.		
2. (a)	19495 BISCAYNE BOULEVARD	(b) 1949:	(b) 19495 BISCAYNE BOULEVARD		
(wy	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 300	SUITI	E 300		
	AVENTURA, FL 33180	AVE	NTURA, FL 33180		
	10/08/2010	∟10000	0105437		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	CRAIG M. DORNE, PA				
J. (μ)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:		
	2655 Le Jeune Road				
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> P112-C	ADDRESS)	2023 J		
	Coral Gables , FL	33134	DE JUN 30 SECHETARY AH AHASSE		
(b)	C T Corporation System		Y OF S		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	PM 2: 00 OF STAIR FLEEORIB.		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation .FL	33324			
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited life re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited lia limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
	ure of a member or authorized representative of a member	Anetta Morg	Printed or typed name of signee		
I herek provisi the obli to mere notified By:	or a number of authorized representative of a member by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fin writing of this change. C. T. Corporation System SEAL EMERCH ASSIGNT SCRETARY	ree to act in this performance of ed for in Chapter hereby confirm i	conacity I forther name to comply with the		

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