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J. BRYAN

JAN 25 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SCHOLET:	± 22C imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
/NAKI SAIZARBITORI Name of Person	IA, ESQ	
Firm/Company		
21 SW 15 RD. SU	2012 JAN 24 PH 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	T
Address	ASSE ASSE	
MIAMI, FL. 33129		Ċ
City/State and Zip Code	PH 12: 55 OF STATE E. FLORIDA	ı
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
INAKI SAIZARBITORIA Name of Person	at (305) 374-4106 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 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 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.

Name of the limited liability company:	GIAN 1 LLC		
2. (a) Principal office address of limited liability compar	ny: GIAN 1 LLC		
(Note: MUST BE STREET ADDRESS)	635 BUTTONWOOD LN MIAMI, FLORIDA 33137		
(b) Mailing address of limited liability company:	GIAN I LLC		
(Note: MAY BE POST OFFICE BOX)	635 BUTTONWOOD LN MIAMI, FLORIDA 33137		
10/25/2010	L10000110764		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	MARCO BATTELINI		
Registered Office Address:	635 BUTTONWOOD LN MIAMI, FLORIDA 33137		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	ADRIANA GAMAS		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	635 BUTTONWOOD LN		
(MUSI BE PEURIDA STREET ADDRESS)	MIAMI ,FL 33137		
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			
MIRCO K BATTELLIWI . Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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