

L11000017296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

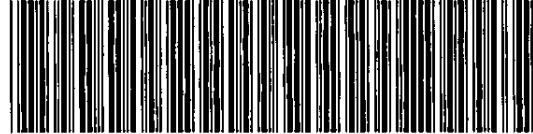
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100278587281

11/16/15--01029--015 \*\*25.00

FILED

2015 NOV 16 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 19 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Esta Travel Services 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:

Giovanni Di Maggio

\_\_\_\_\_  
Name of Person

GioStar Corp.

\_\_\_\_\_  
Firm/Company

4045 Sheridan Avenue # 284

\_\_\_\_\_  
Address

Miami Beach, FL 33140

\_\_\_\_\_  
City/State and Zip Code

dimaggiogiovanni@yahoo.com

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

For further information concerning this matter, please call:

Giovanni Di Maggio

\_\_\_\_\_  
at ( 786 )

351.0396

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 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 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. Name of the limited liability company: Esta Travel Services LLC

2. (a) 4045 Sheridan Avenue # 284 (b) 4045 Sheridan Avenue # 284

Principal office address of limited liability company:

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

Miami beach, FL 331406

Mailing address of limited liability company:

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

Miami Beach, FL 33140

02/09/2011

L11000017296

3. Date of filing/registration in Florida

4. Document number

5. (a) Giovanni Di Maggio

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

600 w 51 terrace

Miami Beach, FL 33140

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Giovanni Di Maggio

NEW Registered Office Address:

4045 Sheridan Avenue # 284

Miami Beach, FL 33140

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.

Giovanni Di Maggio  
Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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.

Giovanni Di Maggio  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2015 NOV 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA