

L11000022695 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

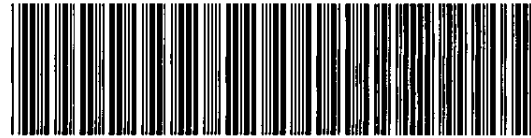
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/25/11--01012--008 **25.00

FILED
11 OCT 25 AM 11:39
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 26 2011
EXAMINER

LLC Transmittal Letter

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Date: October 20, 2011

LLC Filings Office:

I have enclosed an original and one copy of the proposed Articles of Organization for a proposed domestic limited liability company and the Transmittal Letter. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address shown.

Payment for the required fee of \$125 is enclosed.

Sincerely,

Tax Sentry

Return name and
address:

Tax Sentry, Inc
70 East Red Pine Drive
Alpine, UT 84004

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11 OCT 25 AM 11:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gizmo Commerce, 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:

Pauline Di Pietro

Name of Person

Firm/Company

614 Hillpine Way

Address

Brandon, FL 33510

City/State and Zip Code

paulinejmj@juno.com

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

For further information concerning this matter, please call:

Joel Jensen

Name of Person

at (801)

763-8210

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

FILED
11 OCT 25 AM 11:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Gizmo Commerce, LLC

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

(Note: MUST BE STREET ADDRESS)

614 Hillpine Way
Brandon, FL 33510

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

614 Hillpine Way
Brandon, FL 33510

02/23/2011

L11000022695

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:

George DiPietro

Registered Office Address:

614 Halfpine Way
Brandon, FL 33510

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

NEW Registered Agent:

Pauline Di Pietro

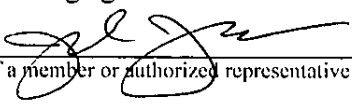
NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

614 Hillpine Way
Brandon, FL 33510

,FL

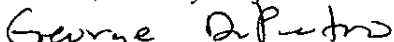
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Joel Jensen

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 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