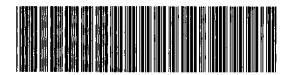
## L11000053267

(Re	equestor's Name)		
(Address)			
(Address)			
		- 40	
(Cr	ty/State/Zip/Phon	e#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)	)	
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
	-		

Office Use Only



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D. BRUCE

OCT 5 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Division of Corporations		
SUBJECT: Gifting 365, LLC			
	Name of	f Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	ng this matter to the following:	
		- Section of the	
	Amy E Tompkins		
	Name of Person		
		The way	
	Gifting 365, LLC	> \00, 010	
	Firm/Company	' \	
	. ,		
	P <del>O Box 16762</del>	9 Royal Tern Rd.	
	Address	,	
	Fernandina Beach, FL 320	095 Amelia Island, FL 32034	
City/State and Zip Code			
		tone .	
	amy@gifting365.com		
E-r	nail address: (to be used for future annual repor	rt notification)	
For fur	ther information concerning this ma	atter, please call:	
•	Amy E Tompkins	at ( 914 ) 260-8407	
	Name of Person	Area Code & Daytime Telephone Number	
	CTDEET/COIDIED ADDRESS.	MARI FRICA A DODDOGO	
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: " Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	ving amount:	
Γ	\$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.

1. Name of the limited liability company:	Gitting 365, LLC	
2. (a) Principal office address of limited liability company	: 9 Royal Tern Rd.	
(Note: MUST BE STREET ADDRESS)	Amelia Island, FL, 32034	
(b) Mailing address of limited liability company:	PO Box 16762	
(Note: MAY BE POST OFFICE BOX)	Fernandina Beach, FL 32035	
5/5/2011	L11000053267	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Amy E Tompkins	
Registered Office Address:	1 North 4th Street Fernandina Beach, FL 32034	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>		
NEW Registered Agent:	Amy E Tompkins	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9 Royal Tern Rd	
	Amelia Island ,FL32034	
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 of authorized representative of a member		
Amy E Tompkins		
Printed or typed name of signee	OR N	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this candity I further garee to	

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