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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: GIRAMONDO 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: Larry Geimer CPA Name of Person Firm/Company 1990 Main Street Suite 801 Address Sarasota, Florida 34236 City/State and Zip Code Igeimer@kbgrp.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Larry Geimer at (Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$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:	Giramondo LLC
2. (a) Principal office address of limited liability company	: 1990 Main Street Suite 801
(Note: MUST BE STREET ADDRESS)	Sarasota, Florida 34236
(b) Mailing address of limited liability company:	AHASS 26
(Note: MAY BE POST OFFICE BOX)	
June 27,2011	L11000074502 3
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:	Gregory S Band
Registered Office Address:	One South School Avenue Suite 500
	Sarasota, Florida 34237
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Larry Geimer
NEW Registered Office Address:	1990 Main Street
(MUST BE FLORIDA STREET ADDRESS)	Suite 801 Sarasota ,FL 34236
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating referement of the limited liability company. Signature of a member of authorized representative of a member Larry Geimer CPA Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the obligations of my poor	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Thereby diccept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of and I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of fregistered Agent	rely reflect a change in the registered office has been notified in writing of this change.

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