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| | | | |

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| | lress) | |
| (Add | iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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| | Office Use Or | |



06/12/19--01020--004 **25.00



Y SULKER JUN 2 4 2019

COVER LETTER

TO: Registration Section Division of Corporations

SHAAN & COMPANY, LLC

SUBJECT:

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:

Clint Gioielli

Name of Person

SHAAN & COMPANY, LLC

Firm/Company

1075 Edens Gate Court

Address

Longwood, FL 32750

City/State and Zip Code

clint.gioielli@greatclips.net

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

For further information concerning this matter, please call:

Clint Gioielli

Name of Person

760-6172

407

at (_____

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:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

| | | | b) | | | | | |
|--|--|--|---|---|---|---|--|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | Mailing addres | ss of limited lia Y BE POST Q | bility co | ompany: |
| 1075 Edens Gate Court Longwood, FL 32750 | | | 1075 Edens Gate Court Longwood, FL 32750 | | | | | |
| | | | | | | | | |
| 06 | 06/05/2012 | | L12 | 20000 | 74750 | | | |
| - | Date of filing/registration in Florida | 4. | | | Document | number | | |
| С | Clint Gioielli | | | | | | | |
| Re | Registered Agent and Registered Office shown on the records of the | e Florid | la Dep | pt. of Sta | te: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AD 100 Brier Patch Court | DDRES. | <u>S)</u> | ^. | | | | |
| L | Longwood, FL_3 | 2750 |) | | _ | | ~ 3 | |
| CI | Clint Gioielli (No Change) | | | | | | 21 NUL 9102 | |
| En | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> |)ffice_ac | <u>ddres</u> | <u>is</u> : | - | |)N 12 | |
| N | NEW Registered Office Address: | | | | - | •••• | AH 10: 45 | |
| 1 | 1075 Edens Gate Court | | | | _ | | | |
| L | Longwood | 2750 |) | | | | | |
| ige ill re | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lim | he reg bility c the lir mited | isteri omp nitec liabi | ed offic any, it d liabili ility cor | e and the bu is hereby cou ty company | isiness offic nfirmed that | e of the ch | e register ange(s) |
| Signature of a member of authorized representative of a member | | | | | Printed or tv | ped name of si | gnee | |
| | · | e to ai | a in . | this car | | | | dy with th |
| ire y' a | ure of a member of authorized representative of a member over a member of authorized representative of a member one of all statutes relative to the proper and complete po- gations of my position as registered agent as provided j w reflect a change in the registered office address. I he in writing of this change. | Cli e to ac | nt C | Gioiell this_ca | 4 1 1 | i Printed or ty <i>upacity. I fur</i> i | Printed or typed name of si upacity. I further agree to | Printed or typed name of signee upacity. I further agree to comp |

Signature of Registered Agent

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