L170000 80717

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							
		!					

Office Use Only



300289981903

09/09/16--01022--012 **25.00

FILEU

SECRETARY OF STATE
SECRETARY OF STATE
ANIASSEE, ILORIDA

alalune

COVER LETTER

_			J. Box 6327 Illahassee, Florida 32314					
Registration Section Registration Sect Division of Corporations Division of Corpo		gistration Section vision of Corporations						
	Name of Person STREET/COURIER ADDRESS:	M	Area Code & Daytime Tele AILING ADDRESS:	phone Number				
Cristin	na Rivera	at (966-1820					
For fur	ther information concerning this matter,	please call:						
	-mail address: (to be used for future ann	ual report notif	rication)					
aphill	ips@phillipslawyers.com							
	City/State and Zip Code			5 N				
Holly	wood, FL 33021			PH IZ: 20 PH STATE CIPLORIDA				
	Address	<u> </u>		1				
4000	Hollywood Blvd. #500N			FILL EP-9 ELARY AHASSE				
	Firm/Company			SECO.				
Phillip	os, Cantor, Shalek & Pfister, P.A.							
	Name of Person		······					
Gary	S. Phillips							
Please	return all correspondence concerning th	is matter to the	following:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	<u>,</u>				
Dear S	ir or Madam:							
	Nan	ne of Limited L	iability Company					
SUBJI	ECT: GIORDANELLA HOLDINGS, LLC							
TO:	Registration Section Division of Corporations		,					
TO:	—		•					

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.	Na	me of the limited liability company: GIORDANELL	A HOL	.DINGS, L	LC
2.	(a)	621 NW 53RD STREET	(b	621 NW	53RD STREET
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE #320		SUITE #3	320
		BOCA RATON, FL 33487	- -	BOCA RA	ATON, FL 33487
		06/04/2013	L1300008		0717
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	MARCI RUBIN			
	` /	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4000 HOLLYWOOD BLVD		Dept. of State:	FS
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SEP -
		SUITE 500-N			-9 LE
		HOLLYWOOD , FL 3	3021		R R C
	(b)	GARY S. PHILLIPS			NIC 20
	(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ent and/or NEW Registered Office address:		
		4000 HOLLYWOOD BLVD			
		NEW Registered Office Address:			
		SUITE 500-N			
		HOLLYWOOD , FL 3	3021		
the age wa the	cha ent v s/we arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of aganization or the operating agreement of the liability of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pr	he regis bility co the lim mited I Gar	tered office mpany, it is ited liability iability comp by S. Phillip	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. DS Printed or typed name of signee
		by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he I in whiting of this change.	fór in C creby co	hapter 605, onfirm that ti	F.S. Or, if this document is being filed he limited liability company has been