

L150000 76122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

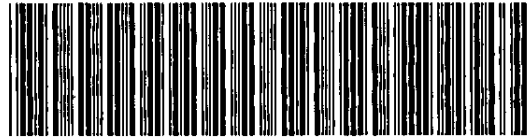
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAR 18 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAR 20 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OLYMPUS SERVICES 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:

GEORGETA GAITA

Name of Person

OLYMPUS SERVICES LLC

Firm/Company

900 WEST AVE APT. **713**

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

getagaita@yahoo.com

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

For further information concerning this matter, please call:

GEORGETA GAITA

at ( 954 )

6960734

Name of Person

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

*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.*

INHS18 (2/14)

16 MAR 18 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA