

L16000000164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

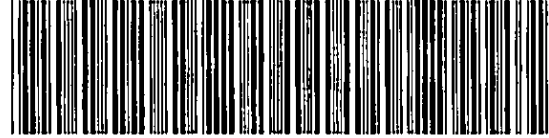
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/10/18--01015--005 **25.00

FILED
18 FEB -5 PM 2:30
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2018

MELANIE PHILLIPS
3500 N STATE RD 7 (441) STE 312
LAUDERDALE LAKES, FL 33319 US

SUBJECT: GIA & GIA LLC
Ref. Number: L16000000164

We have received your document for GIA & GIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00000683

RECEIVED
FEB 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIA &GIA 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:

Melanie Phillips

Name of Person

Firm/Company

3500 N State Rd 7 (441) Ste 312

Address

Lauderdale Lakes, FL 33319

City/State and Zip Code

mwcpro16@gmail.com

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

For further information concerning this matter, please call:

Melanie Phillips

954

850-5838

at (_____) _____

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

**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. Name of the limited liability company: GIA & GIA LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3500 N State Rd 7 (441) Ste 312

P.O. BOX 934323

Lauderdale Lakes, FL 33319

Margate, FL 33063

12/29/2015

L16000000164

3. Date of filing/registration in Florida 4. Document number

5. (a) Melanie Torres

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CEO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3500 N State Rd 7 (441) Ste 312

Lauderdale Lakes, FL 33319

(b) Melanie Phillips

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Member

NEW Registered Office Address:

3500 N State Rd 7 (441) Ste 312

Lauderdale Lakes, FL 33319

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.

Melanie Phillips
Signature of a member or authorized representative of a member

Melanie Phillips

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Melanie Phillips
Signature of Registered Agent

FILED
18 FEB -5 PM 2:30
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
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2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

3500 N State Rd 7 (441) Ste 312

Lauderdale Lakes, FL 33319

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

P.O.BOX 934323

Margate, FL 33063

12/29/2015

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CEO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3500 N State Rd 7 (441) Ste 312

Lauderdale Lakes, FL 33319

FILED
18 FEB -5 PM 2:30
TALLAHASSEE, FLORIDA

(b) Melanie Phillips

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Member

NEW Registered Office Address:

3500 N State Rd 7 (441) Ste 312

Lauderdale Lakes, FL 33319

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Melanie Phillips

Signature of a member or authorized representative of a member

Melanie Phillips

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Melanie Phillips

Signature of Registered Agent