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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

**Division of Corporations** Gelwan & Lordello Investments, 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: Alexandre Houara Lordello Name of Person Gelwan & Lordello Investments, LLC Firm/Company 1210 S. International Parkway, Suite 118 Address Lake Mary, Florida 32746 City/State and Zip Code lordello.alexandre@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexandre H. Lordello Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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. N	ame of the limited liability company: Gelwan & L	ordello Ir	evestments, LLC
2. (a)	1210 S. International Parkway	(b	1210 S. International Parkway
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite #118		Suite #118
	Lake Mary, Florida 32746		Lake Mary, Florida 32746
	01/29/2016		L16000029669
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Larson Accounting and Consulting Service	s, LLC	
, ,	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:
	7901 Kingpointe Parkway		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 16	<u> (ADDRESS)</u>	2019
	Orlando	32819	
(b)	Alexandre Houara Lordello  Enter name of NEW Registered Agent and/or NEW Registered  1450 Lake Baldwin Lane, #B	ed Office add	ress:
	NEW Registered Office Address:		
	Orlando	32814	
the charge agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. On in the case of a Florida limited larger authorized by an affirmative vote of the members icles of organization or the operating agreement of the atture of a member or authorized representative of a member	of the regis liability color of the limited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
provis the ob- to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d'in writing of this change.	gree to act e performa led for in C I hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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

Signature of Registered Agent