

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Cor	porations	
	Fax Number	(950) 617-6383	
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Front:			
	Account Name	: NELSON MULLINS RILEY & SCARBOROUGH	LLY
	Account Number	: 120100000075	
	Phone	: (305) 373-9419	
	Fax Number	: (305) 372-9443	

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: gisela.fasco@nelsonmullins.com

LLC REGISTERED AGENT CHANGE GANADOR ENTERPRISES, LLC

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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.

. Na	me of the limited liability company: GANADO		
(a)	c/o Jon A. Sale, Receiver	<i>(</i> b) c/o Jon A. Sale, Receiver
(,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Nelson Mullins Broad and Cassel		Nelson Mullins Broad and Cassel
	2 South Biscayne Blvd., 21st Floor		2 South Biscayne Blvd., 21st Floor
	Miami, FL_33131		Minmi, EL_33131
	03/03/2016		L16000044694
	Date of filing/registration in Florida	4.	Document number
. (a)	Steve Schwartz		
. (a)	Registered Agent and Registered Office shown on the reco	rds of the Florid	Dept, of State:
	1250 East Hallandale Beach Blvd.		
	THE LOSS AND A CHIEF DE ELODID 4 STE		
	Registered Office Address (MUST BE FLORIDA STR	<u>REET ADDRESS</u>	2
	Suite 409	<u>LEET ADDRESS</u>	
	Suite 409		
	Suite 409		
(ի)	Suite 409 Hallandale Beach, FL	_, _{FL} 33009	
(h)	Suite 409	_, _{FL} 33009	
(h)	Suite 409 Hallandale Beach, FL	_, _{FL} 33009	
(h)	Suite 409 Hallandale Beach, FL Fater name of <u>NEW Registered Agent and/or NEW Reg</u>	_, _{FL} 33009	
(h)	Suite 409 Hallandale Beach, FL Fater name of <u>NEW Registered Agent and/or NEW Regi</u> Jon A. Sale, Receiver	_, _{FL} 33009	

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.

a. Sole Signature of a member or authorized representative of a member

Jon A. Sale, Receiver

Printed or typed name of signee

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 positive of this change. notified in writing of this change.

4 Signature Registered Agent Ar

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