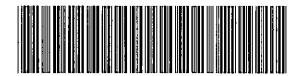
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(R	equestor's Name)				
(A	ddress)				
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(Ci	ity/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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LC (H PACH) September 24, 2019

NICHOLAS PORRAS 199 E FLAGLER SR #147 MIAMI, FL 33131

SUBJECT: GILART HOLDINGS LLC

Ref. Number: L16000191508

We have received your document for GILART HOLDINGS LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 819A00019702

www.sunbiz.org



August 14, 2019

NICHOLAS M PORRAS 199 E FALGLER ST #147 MIAMI, FL 33131

SUBJECT: GILART HOLDINGS LLC

Ref. Number: L16000191508

We have received your document for GILART HOLDINGS LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return 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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

2019 SEP 17 Nº 10: 08

Letter Number: 919A00016727

COVER LETTER

Division of Corporations	
Gilart Holdings, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Nicholas Porras	
Name of Person	
Law Offices of Nicholas M. Porras	
Firm/Company	
199 East Flagler St. #147	
Address	
Miami, FL 33131	
City/State and Zip Code	
nporras@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Nicholas Porras	305 424-9231
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 amou	unt:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

I. Na	ame of the limited liability company: GILART HOL	DING	S LLC		
2. (a)	GILART HOLDINGS LLC	(b) GILART HOLDINGS LLC			
z. (a)	Principal office address of limited liability company:	`		Mailing address of limited liability comp	-
	(Note: MUST BE STREET ADDRESS)		***	(Note: MAY BE POST OFFICE BC	<u>),(</u>)
	250 NW 23rd. St. #147	_	261 17th	h Ave	
	Miami, FL 33127	_	San Fra	ncisco, CA 94121	
	10/17/2016		L160001	91508	
3.	Date of filing/registration in Florida	4.		Document number	
e ()					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	 le:	
	SG REGISTERED AGENT LLC		·		
	Registered Office Address (MUST BE FLORIDA STREET.)	(DDRE	<u>:S)</u>	_	
	200 E. PALMETTO PARK RD., STE 103				
	BOCA RATON	33432		19	<u>.</u>
	BOCA RATON, FL	33434		№ 0.	ė.
				1	<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddross:		860 77.
	Effect frame of W.W. Registered Agent and/or WEW Registered	Cyrrice_a	dares.	AM E	- 설립다 -
	NICHOLAS M. PORRAS			· - -	<u> </u>
	NEW Registered Office Address:			- °	,
	250 NW 23RD ST. 3407				
			<u> </u>	_	
	MIAMI , FE	3312	7		
the chagent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li limited	tistered offic company, it mited liabili Hiability cor	te and the business office of the is is hereby confirmed that the char ty company or as otherwise prov	registered 1gc(s)
Signa	nure of a member or authorized representative of a member	_		Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ee to a perfor d for in hereby	ct in this cap mance of my Chapter 60, confirm that	pacity. I further agree to comply eduties, and I am familiar with a 15, F.S. Or, if this document is be t the limited liability company ha	with the nd accept ving filed s been