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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gabriel Edward Jewelers Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antonio S. Perez Name of Person
Gabriel Edward Jewelers Firm/Company
169 East Flagler Street, Suite 619 Address
Miani, Florida, 33131 City/State and Zip Code
E-mail address: (to boused) for future annual report notification)
For further information concerning this matter, please call:
Antonio S. Perez at (888) 596-6380 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

NHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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: <u>Gabriel Edward Jewelers</u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 169 East Flagler Street, Suite Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	: GZo
	Miani, FL, 33131 Miani, FL, 33131	
3.	O3/06/2017 L17000051192 Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1685515+ Street, Suite 1200	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	169 East Flagler Street NEW Registered Office Address:	
	<u>Suite 619</u> <u>Miani</u> , FL 33131	i I
the chragent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cicles of organization or the operating agreement of the limited liability company. The Perce Zenture of a member or authorized representative of a member.	
l here provis he ob o mer votifie	why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed selv reflect a change in the registered office address, I hereby confirm that the limited liability company has been at in writing of this change.	ł

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

Signature of Registered Agent