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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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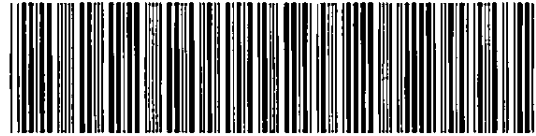
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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AUG 15 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Don Gino Realty, L.L.C.  
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:

Lucille B. Belnick MD  
Name of Person

Don Gino Realty, L.L.C  
Firm/Company

1932 Old Colony Ln.  
Address

Maitland, FL 32751  
City/State and Zip Code

donginollc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Poliak at ( 407 ) 712-5454  
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: Don Gino Realty, L.L.C.

2. (a) 1932 Old Colony Lane (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)*  
Maitland \_\_\_\_\_  
Florida 32751 \_\_\_\_\_

3. 06/30/2017 Date of filing/registration in Florida 4. L17000141863 Document number

5. (a) Lucille B. Belnick MD  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1932 Old Colony Lane  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Maitland, FL 32751

(b) Sofia E. Poliak  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:


NEW Registered Office Address:  
1000 Winderley Pl. #147  
Maitland, FL 32751

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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.

 Signature of a member or authorized representative of a member  
Lucille Belnick MD 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 notified in writing of this change.*

  
 Signature of Registered Agent