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COVER LETTER

TO: Registration Section Division of Corporations	-
GIULIANNA ENTERPRISES LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
MARY FLEMMING	
Name of Person	
BOLDER COFPORATE SERVICES (USA) INC	
Firm/Company	
1110 BRICKELL AVENUE, SUITE 310	
Address	
MIAMI, FLORIDA 33131	
City/State and Zip Code	
miamioffice@boldergroup.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
MARY FLEMMING 3 at (05 373 3007
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	■ \$55 Filing Fce & 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

ı N	some of the Charles Library	SIMA CHITEODON COL			_		
1 14.	ame of the limited fiability company: GIUUA			2	ـ		
2 (a)	3244 Via Vittoria Way, Orlando, Ft 3281	15!	814 Chatterley Ct. O				
	Principal office address of binned liability con (Note: MUST BUSTREET ADDRESS)		Mailing address of	Mailing address of finited liability on gran. (Note: MAY BE POST OFFICE ROS)			
				-			
	7/27, 2017		0160542	**************************************			
1	7/27/2017 Date of filing/registration in Florida	4.	Document num	 lie:			
5 rat	MAGALHAES, ODAR						
, ,,,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
	2814 CHACLERLEY CT	•					
	Pegistered Office Address MIST REFLORIDA	SERFET (DDRESS)		2023 P	·		
	OR ANDO	, FL ³²⁸²		IAY 23 VERARI VHASSI			
(h)	HG CORPORATE SERVICES (USA11 EC			RY OF SSEELF	· James		
	finer nator of NEW Registered Agent and/or NEW R	Registered Office address					
	HIR BRICKFIT AVE			4: 50 STATE LORID	ı		
	SEW Registered Office Address			D.	,		
	STRTE 310						
	MAIMI						
thunge igent w was/we be artic	muced hability company is not organized under or changes are made, the Florida street addres ill be identical. Or, in the case of a Florida lin re authorized by an affirmative vote of the me cless of a member or authorized representative of a member are of a member or authorized representative of a member	or the laws of the State of so the registered offic mited liability company, ambers of the limited liability of the limited liability.	of Florida, it is hereby e and the business off , it is hereby confunc- bility company or as	fice of the register of that the change otherwise provide	<u>ल्वं</u> (४)		
Signati	we of a member of authorized representative of a memb	er	Printed or typed as	one of signice			
t hereb wossic he obli o more iotitied	o accept the approximent as registered agent for of all statutes relative to the proper and ec- gations of my position as registered agent as for each agent as here as a shange at the registered office add in artiful. I this ellipse.	and agree to act in this pupiele performance of provided for in Chapter fress, I hereby confirm t	capacity I further ay my duties, and I am I. 605, F.S. Or, if this hat the limited leabili	gree to comply with and a document is being to company has be	n the terept Fill ed fen		
	La Juis	David Payne	Manager on				
Supitor	und Recommend Special	behalf of BG Co	orporate Services (U	SA) LLC			

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: 525.00