

L17000254547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

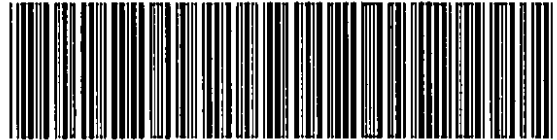
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2023 FEB 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2023

CARLOS CUKIER
725 W SR 434 STE G
LONGWOOD, FL 32750

SUBJECT: GIBRALTAR LIFE AND HEALTH SERVICES LLC
Ref. Number: L17000254547

We have received your document for GIBRALTAR LIFE AND HEALTH SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 623A00002344

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gibraltar Life and Health Services LLC
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:

Cynthia Cataldo

Name of Person

Gibraltar Life & Health Serv.

Firm/Company

725 W SR 434 St G

Address

Long wood, FL 32750

City/State and Zip Code

Cynthia @ qmgfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Cataldo

Name of Person

at (407)

222-9321

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

See attached copy
of cleared check. This
was requested in
November 2022 but
not implemented.

Please update our
records

2023 FEB 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THANK YOU!
FILED

FEB 17 2023

BY:

**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: Gibraltar Life and Health Services LLC

2. (a) 725 W SR 434 Ste G

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Longwood, FL 32750

(b) 725 W SR 434 Ste G

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Longwood, FL 32750

3. 12/13/17
Date of filing/registration in Florida

4. L17 000254547
Document number

5. (a) Daphne Cukier

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1740 Huron Tr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Maitland, FL 32751

(b) Cynthia Cataldo

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

725 W SR 434 Ste G

NEW Registered Office Address:

Longwood, FL 32750

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TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Carlos Cukier
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]
Signature of Registered Agent