11800000420

(Re	questor's Name)	-
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500315032745

06/29/18--01008--009 **25.00

18 JUN 29 PH 1: 28

x SALY JUL - 5 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gedeon 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:
Amos Gedeon Name of Person
Gedeon LLC Firm/Company
15555 NW and ove Apt.121 Address
Miam., FL 33169 City/State and Zip Code
<u>Gedeonamos o yahoo. Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amos Gedeon at (786) 816 - S 066 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:
S25 Filing Fee
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.

1.	Na	me of the limited liability company: <u>Gedeon LLC</u>
2. ((a)	(b)
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		15555 NW 2nd Ave 15555 NW 2nd Ave
		APT # 121 Miani FL 33169 APT # 121 Miani FL 33169
		1-23-2018 Lj8000020420
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	UNITED STATES LORP AGIENTS TNC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		13302 Winding Dak (copt Svite 4 Tanpa FT. 33612
		13302 Winding Dak (cort State 4 Tanpafi 33612 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		UFL.
		FI. 29 E
	(b)	AMOS Ciedeon 2 D
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		15555 NW 2nd Ave
		APT#121 Minne FI. 33169
the age was the	cha ent v s/wc arti (igna	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge 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) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. AMOS GEDEON Printed or typed name of signee ov accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the change of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
to i not	nere ifice	ons of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept pations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.