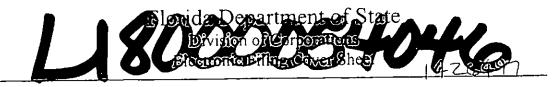
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000091571 3)))



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: 12L505@ DARASEC COM

LLC REGISTERED AGENT CHANGE AWAKE GIANT LLC

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MAR 25 2020

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Help

COVER LETTER

Division of Corporations								
SUBJECT: AWAKE GIANT LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning the	his matter to the f	following:						
Jason Batalla		_						
Name of Person								
Parasec								
Firm/Company		_ ·						
2804 Gateway Oaks De # 100		_						
Address								
Sacramento, CA 95833								
City/State and Zip Code		_						
rlsos@parasec.com		_						
E-mail address: (to be used for future an	inual report notifi	cation)						
For further information concerning this matter	r, please call:							
Jason Batalla	at (800	533-7272						
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	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314							
Enclosed is a check for the followin	ig amount:							
☐ \$25 Filing Fee	□ S5	5 Filing Fee & Certified Copy						

To: 18506176383 From: 19165767051 Date: 03/24/20 Time: 8:52 AM Page: 04/04

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. 7	Name of the limited liability company:AWAKE G	IANT LLO	<u> </u>				
2. (a				ing address of limite			
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail (∆	ling address of limite Note: MAY BE POS	ed liability of TT OFFICE	ompany: <i>BOX</i>)	
	7643 GATE PARKWAY SUITE 104-661		7643 GATI	<u>EPARKWAY S</u>	SUITE 10	04-661	
	JACKSONVILLE, FL 32256	 .	JACKSON	VILLE, FL 322	56		
	02/28/2018	ſ.	.1800005404	16	· -		
3.	Date of filing/registration in Florida	4.	Do	ocument number			
5 /.							
5. (Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:			2020 MAR	
	LEGALING CORPORATE SERVICES INC.			世史	0 H		
	Registered Office Address MUST BE FLORIDA STREET			** 1	亲2		
	5237 SUMMERLIN COMMONS BLVD,				<u></u>		
	FORT MYERS , F	L 33907			,	AM 10: 01	
					- ' - '	0: 0	
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	od Office udd				=	
	Enter name of NEW Registered Agent and/or NEW Registered	at typinge poor	<u>. (.33</u> .		-	•	
	Rocket Lawyer Corporate Service	ces LLC					
	NEW Registered Office Address:						
	155 OFFICE PLAZA DRIVE, 1ST FLOOR						
	Tallahassee, F	L 3230	01				
the c agen was/ the a	c limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the member of the member of a member or authorized representative of a member	liability cor	npany, it is he ted liability c ability compa	ereby confirmed ompany or as oth	that the concerning	hange(s)	
I he. prov the o to mi noit	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and completibilizations of my position as registered agent as provide erely reflect a change in the registered office address, and in writing of this change. CMU Latia Personal Secret Agent	led for in C I hereby co.	haptér 605, F nfirm that the	ty. I further agr ties, and I am far F.S. Or, if this do I limited liability	ee to comp niliar with ocument is company	ply with the n and accept being filed has been	
	10 d 10	Pay 6327	. Tallohasse	e FL 32314			

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

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