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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2020

PAMELLA HERBST 10685 NW 66TH CT PARKLAND, FL 33076

SUBJECT: GP DEALS LLC Ref. Number: L18000077481

We have received your document for GP DEALS 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 FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00007726

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GP DEALS 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:
GUILHERME TALLIA MENDES DE GARROS Name of Person
GP DEALS LLC Firm/Company
10685 NW 66th COURT
PARKLAND, FL 33076 City/State and Zip Code
LER LSA: Damalla Quail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAMELLA HERBST at (786) 342-3969 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303
Enclosed is a check for the following amount:
□ \$25 Filing Fee PAIS □ \$55 Filing Fee & Certified Copy
INHS18 (2/14) \$ 35.00

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. N	ame of the limited liability company: 6PDEAIS LLC
2. (a)	10685 NW 6614 COURT (6) 10685 NW 6614 COURT
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	PARKLAND, FL 33076 PARKLAND, FL 33076
	-2/2/2-18 1/80000 771101
3.	Date of filing/registration in Florida 4. Document number
5. (a	DIGSCOMBONY
•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	212 SE 1714 SIREET, SUITE 301 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	•
	FORT LAUDER DALE FI. 333/6 GUILHERME TALLIA MENDES DE BARROS Enter name of NEW Registered Agent and/or NEW Registered Office address.
	The state of the s
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address.
	· n
	10685 NW 661h COURT
	NEW Registered Office Address:
	PARKLAND 33076
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent	e or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. On in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the ar	were authorized by an adjunative vote of the members of the limited liability company or as otherwise provided in ticks of organization or he perating agreement of the limited liability company.
Sign	GULPERME TALLA MENDES DE BARRO Approvi à member or authorized representative of a member Printed or typed name of signee
I her	
the or	thy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the Jons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept digations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a chapter is the registered office address, I hereby confirm that the limited liability company has been rely writing of this charge.
notifi	ed in writing office squares of the same o
Sigha	Registered Agent