L18000139087

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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COVER LETTER

TO:	Registration Section Division of Corporations			ū			
SUBJI	Galluppi Enterprises						
	Name o	of Limited Lia	ibility Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	Change and f	fee(s) are submitted for filin	g.			
Please	return all correspondence concerning this r	natter to the f	ollowing:				
Justin	n Galluppi						
	Name of Person	•					
Gallu	Division of Corporations SIJECT: Salluppi Enterprises						
Firm/Company							
1405	Harbour Walk Rd						
	Name of Person Supplementary Firm/Company 5 Harbour Walk Rd Address hpa FL 33602 City/State and Zip Code in.Galluppi@gmail.com E-mail address: (to be used for future annual report notification)						
Tamp	a FL 33602						
	City/State and Zip Code		_				
Justin	.Galluppi@gmail.com						
Е	-mail address: (to be used for future annual	report notific	ation)				
For fur	ther information concerning this matter, ple	ase call:					
Justin			541-9109				
	Name of Person	<u> </u>	Area Code & Daytime Tele	phone Number			
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Regi Divi P.O.	stration Section sion of Corporations Box 6327				
	Enclosed is a check for the following am	ount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Cop	у			

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.

l. Na	ame of the limited liability company: Galluppi Ente	erprises				
2. (a)	1405 Harbour Walk Rd	(b	1405 Ha	rbour Walk	Rd	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Tampa FL 33602		Tampa F	L 33602		-
	06/05/2018		 L1800013	9087	·	
	Date of filing/registration in Florida	- 4.		Document nu		
7-1	UNITED STATES CORPORATION AGENTS			Document na	inoci	
. (a)	Registered Agent and Registered Office shown on the records of		Dent. of State			
			o spin ar orace	•		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS				
	13302 WINDING OAK COURT A		•			
(0)	Tampa	33612				
	Justin Galluppi	·		5" E	25.40	NAPP-AT
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:			orpore b man
	NEW Registered Office Address:			:	U	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1405 Harbour Walk Rd	<u>-</u>		:,	en En	Security .
	Tampa	33602			Ü	
	, rL		*			1
ie chai gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the regist ability con of the limi	ered office npany, it is ted liability	and the busin hereby confir company or a	ess offi med the	ce of the registere
	Just Selfin		in Gallupp	•		
Signat	re of a member or authorized representative of a member			Printed or typed	name of	signee
e obli mere	ny accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have also a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act i performa I for in C iereby co.	in this capa nce of my d hapter 605, nfirm that th	city. I further uties, and I ar F.S. Or, if th ne limited liab	agree agree in Jamili is docu oility co	to comply with th ar with and acce ment is being file mpany has been
ignatur	of Registered Agent					