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COVER LETTER +

TO: Registration Section Division of Corporations				
SUBJECT: GY Creative LLC				
Name	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Gerardo Cerda				
Name of Person				
GY Creative LLC				
Firm/Company				
7901 4th St N, STE 300				
Address	 			
St. Petersburg, FL 33702				
City/State and Zip Code				
gycreativeagency@gmail.cor	n			
E-mail address: (to be used for future annu				
For further information concerning this matter, p	dease call:			
Gerardo Cerda	at (786) 260-7962			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following a	amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
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. N	lame of the limited liability company: GY Crea	tive L	LC_				
2. (a)	7901 4th St N, STE 300		(b) 7901 4th St N, STE 300				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		• / —	Mailing address of limite (Note: MAY BE POS	d liability co		
	St. Petersburg		St. Pet	tersburg			
	FL 33702		FL 3370	02			
	10/08/2018		L18000	0237470			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	CERDA, GERARDO						
. (a	Registered Agent and Registered Office shown on the records o	f the Flor	da Dept. of Stat	te:			
	2520 CORAL WAY			_			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>		201		
	#2 SUITE 140		· . <u>-</u>		2019 SEP	·=:	
	MIAMI	լ 3314	15			1 11	
(b)	Registered Agents Inc.			-	-3 PH	, J]	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	PH 12:		
	7901 4th St N			_	$\overline{\omega}$		
	NEW Registered Office Address:			_			
	STE 300			_			
	St. Petersburg , F	_L 337	02	_			
the chagent was/w	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 layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regions of the l	gistered offic company, it i mited liabilit	e and the business of is hereby confirmed t ty company or as oth	ffice of the	e registered nange(s)	
	Durardo ()	G	erardo Cer				
	ature of a member or authorized representative of a member			Printed or typed name of	-		
I her	eby accept the appointment as registered agent and ag	ree to a	ct in this cap	pacity. I further agre	e to comp	ly with the	

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent