

LP9000011211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

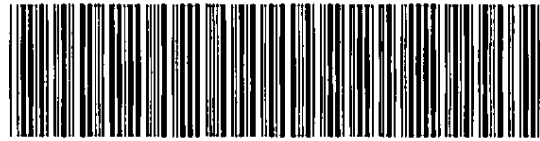
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/22/19--01005--012 **25.00

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19 APR 15 AM 10:17
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WASHINGTON, D.C.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2019

STEPHANIE STECHMILLER
3308 BRIARWOOD LN
SAFETY HARBOR, FL 34695

SUBJECT: GIRARDI HOMES LLC
Ref. Number: L19000011211

We have received your document for GIRARDI HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 019A00002998

2019 FEB 15 AM 11:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2019

STEPHANIE STECHMILLER
3308 BRIARWOOD LN
SAFETY HARBOR, FL 34695

SUBJECT: GIRARDI HOMES LLC
Ref. Number: L19000011211

We have received your document for GIRARDI HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 219A00001893

2019 FEB 11 PM 2:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Girardi Homes 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:

Stephanie Stechmiller

Name of Person

Firm/Company

3308 Briarwood Ln

Address

Safety Harbor, FL 34695

City/State and Zip Code

GirardiHomes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Stgechmiller

at (813)

523-2646

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Girardi Homes LLC

2. (a) 3308 Briarwood Ln Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Safety Harbor, FL 34695

(b) 3308 Briarwood Ln Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Safety Harbor, FL 34695

01/09/19

3. Date of filing/registration in Florida

L19000011211

4. Document number

5. (a) ~~Registered Agents Inc.~~ Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

(X)

REGISTERED AGENTS INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St. N, STE#300

St. Petersburg, FL 33702

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Stephanie Stechmiller

NEW Registered Office Address:

3308 Briarwood Ln

Safety Harbor, FL 34695

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

STEPHANIE STECHMILLER
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

FILED
19 APR 15 AM 10:17
TALLAHASSEE, FLORIDA