## L20000014805

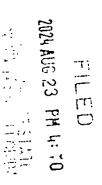
| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
| · <u>.</u>                              |  |  |  |  |  |  |  |
| J. HORNE                                |  |  |  |  |  |  |  |
| J. HORNE<br>AUG 27 2024                 |  |  |  |  |  |  |  |
| 7 2024                                  |  |  |  |  |  |  |  |

Office Use Only



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## **COVER LETTER**

|              | egistration Section ivision of Corporations   |             |  |
|--------------|---|-------------|--|
| SUBJECT      | GAZARIAN GROUP LLC T:   |             |  |
|              |   | Limited     | Liability Company  |
| Dear Sir o   | or Madam:   |             |  |
| The enclos   | sed Registered Agent/Registered Office (  | Thange a    | nd fee(s) are submitted for filing.  |
| Please reti  | urn all correspondence concerning this ma   | atter to th | e following:   |
| ANA GAZ      | ARIAN   |             |  |
|              | Name of Person  |             | <del></del>  |
| GAZARIA      | N GROUP LLC   |             |  |
| _            | Firm/Company  |             |  |
| 175 SW 7T    | TH ST STE 1718  |             |  |
|              | Address   |             | <del></del>  |
| MIAMI, F     | TL 33130  |             |  |
|              | City/State and Zip Code   |             |  |
| ana.gazaria  | an@ems-ir.com   |             |  |
| E-ma         | ail address: (to be used for future annual  | report no   | tification)  |
| For furthe   | r information concerning this matter, plea  | ise call:   |  |
| ANA GAZ      |   | 786<br>.t ( | 4439007  |
|              | Name of Person  |             | Area Code & Daytime Telephone Number   |
| R<br>D<br>P. | lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 |             | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| E            | nclosed is a check for the following am   | ount:       |  |
|              | l \$25 Filing Fee   | 0           | \$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.

| a)              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |                                 | (b              | )  |   | mited liability company: POST OFFICE BON                                |
|-----------------|--|---------------------------------|-----------------|--|---|---|
|                 | 175 SW 7TH ST STE 1718 MIAMI, FL 33130   |                                 |                 | 175 SW 77  | TH ST STE 1718 N  |   |
|                 | 02/28/2020   |                                 |                 | L200000668                                       | 305   |   |
|                 | Date of filing/registration in Florida   | 4.                              |                 |  | Document numb   | er  |
| (a)             | Registered Agent and Registered Office shown on the records of ANA GAZARIAN  Registered Office Address (MUST BE FLORIDA STREET)  |                                 |                 |  | -<br>::<br>-  |   |
|                 | 800 BRICKELL AVE STE 1105  | <u> </u>                        | -27             |  | _   |   |
|                 | MIAMI , FL   | 33131                           |                 |  | -   | FILE<br>2024 AUG 23   |
|                 | Enter name of NEW Registered Agent and/or NEW Registered   | l Office                        | <u>ad</u>       | dress:   |   | FILED UG 23 PH 4:   |
|                 | NEW Registered Office Address:   |                                 |                 |  |   | 器 6   |
|                 | 175 SW 7TH ST STE 1718   |                                 |                 |  | -   | ·   |
|                 | MIAMI  | 33130                           |                 |  | _   |   |
| ge<br>t v<br>we | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the operating agreement of the work of the w | registe<br>ability<br>of the li | ere<br>co<br>im | ed office an<br>ompany, it is<br>sited liability | d the business of<br>s hereby confirme<br>y company or as | fice of the registered<br>ed that the change(s)<br>otherwise provided i |
|                 | nuc of a member of authorized representative of a member   | _                               |                 |  | Printed or typed na                                       | me of signee  |
| nai             | •  |                                 |                 |  |   | gree to comply with   |