

h20 0000 217737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

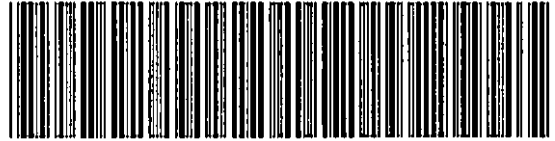
Special Instructions to Filing Officer:

R - 11/28/22

J DENNIS

JAN 26 2023

Office Use Only



800392036438

08/04/22--01033--017 **35.00

FILED
SECRETARY OF STATE
2022 AUG -4 PM 12:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gianni R. Paderni 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:

Gianni Rafeal Paderni
Name of Person

Gianni R. Paderni LLC
Firm/Company

6045 nw 56th Ct
Address

Coral Springs, FL 33067
City/State and Zip Code

Gianni Paderni 7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gianni Paderni at (305) 979-7655
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Gianni R. Paderni LLC

2. (a) 6045 nw 56th Ct (b) Same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Coral Springs, FL 33067

3. 7/23/2020 Date of filing/registration in Florida 4. L20000217737 Document number

5. (a) Legalinc Corporate Services inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 Riverside ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville FL 32202
_____, FL _____

(b) Gianni R. Paderni
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6045 nw 56th Ct
NEW Registered Office Address:

Coral Springs, FL 33067
_____, FL _____

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

Gianni Rafael Paderni
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