120000373976

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Cryp Cictor Light Notice 17)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
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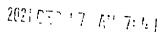
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2021

BERNADETTE GIRVIN 127 N MAGNOLIA AVE ORLANDO, FL 32801 US

SUBJECT: GG GROUP VENTURES, LLC

Ref. Number: L20000373976

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 921A00026849

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GG GIRALP VELTURE Name of Limited Liab	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	llowing:
Berna Dette Girvin	-
GFG Solutions Firm/Company	_
127 N. MAGNOLIA Ave.	_
ORhando, Fr. 32801 City/State and Zip Code	_
Dernadette e gan binfinancial. E-mail address: (to be used for future annual report notifica	Comation)
For further information concerning this matter, please call:	
Bernadette Girvan at 407	7) 0091 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Enclosed is a check for the following amount:

S25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	ame of the limited liability company: GG	112u	LD.	Ver	mures				
2. (a)	10 7 1 101		1	127	dailing address of (Note: MAY)	of limited	liability comp		<u>e.</u>
	OKHANDO, FR 32801	_	- ←	DRU	ianso,	Tu-	3280		
3.	12 /08 /2020 Date of filing/registration in Florida	- .1	L	-200	0037		16		
5. (a	Ω	4. he Flon	da De	pt. of State	Document nu	moer			
	127 N. MagNolia Ave. Registered Office Address (MCST BE FLORIDA STREET A				-		SECRE FALLAH	7	T
(b)	ORKANDO, FL BERNAdette Cirvin Enter name of NEW Registered Agent and/or NEW Registered		28	<u>ol</u>			ASSECTION OF STATE	AM O. Ol.	
	12 F N. Magnolin Ne NEW Registered Office Address:	-							
	<u>ORlando</u> , FL	3	28	ol					
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of f the li	red o comp mitec	ffice and any, it is Hiability	I the business hereby confined to the company or th	office o	of the regist at the chang	ered ge(s)	
Signa	nture of a member or duff the direpresentative of a member			<u> سيندا - مي</u>	Printed or typed	name of	signee		
provis the ob to vic t	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	perforn For in	nance Chai	e of my a pter 605	uties, and La. FS Or if th	m famil. vis docu	iar with and ment is bei	l acce no file	ept ed

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent