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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
J. HORNE APR 1 4 2022					
MFK 14 2022					

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SECRETARY OF STATE
TANK ASSEC, FLOATING

COVER LETTER

	Registration Section Division of Corporations				
SUBJE	GIA FFF LLC				
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered	l Office Change and	I fee(s) are submitted for filing.		
Please re	eturn all correspondence concernir	ng this matter to the	following:		
RUSSEL	LL GIRESI				
	Name of Person				
GIA FFE	LLC				
	Firm/Company				
9442 BA	RNSTEAD LN				
	Address				
PORT R	RICHEY FL 34668				
	City/State and Zip Co	ode			
familyfri	iendsfaithgroupplace@gmail.com				
E-	mail address: (to be used for future	e annual report notif	fication)		
For furt	her information concerning this ma	atter, please call:			
RUSSEI	.l. GIRESI	727 at (505-9877		
	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 follo	wing amount:			
	■ \$25 Filing Fee	o s	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. 1	lame of the limited liability company: GIA FFF LLC		
2. (a	RUSSELL GIRESI	(b)	
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12203 BEAR TRAP LN		
	HUDSON FL 34667		
	04/06/2021	L2100	00159118
3.	Date of filing/registration in Florida	4.	Document number
5. (a	RUSSELL GIRESI		
<u> </u>	Registered Agent and Registered Office shown on the records of RUSSELL GIRESI 12203 BEAR TRAP LN, HUDSON	of State;	
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	9442 BARNSTEAD LN		SI TAL
	PORT RICHEY, F.	L	FIL 2022 MAR 30 SECRETARY ALLAHASSE
(b)	DEANNA OLSON		<u> </u>
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	
	DEANNA OLSON		of State
	NEW Registered Office Address:		
	9442 BARNSTEAD LN		
	PORT RICHEY, F	L	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered offi iability compan of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
,	Man Mi	RUSSELL	
Sign	native of Intember or authorized representative of a member		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 of Registered Agent