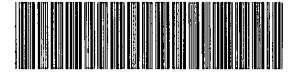
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
J. HORNE				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gaio MHR, Consume of Limited Lia	_ L C	
Name of Limited Lia	bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Ronald Morgan		
Name of Person	_	
Gaio NHR, LLC Firm/Company	_	
20335 West Country Club D Address	<u>r</u> #103	
Aventura, FL 33180 City/State and Zip Code	_	
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
Ronald Morgan at (614) Name of Person	264-7924 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	5 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. Na	ime of the limited liability company: Gaio NHR	L, LLC
2. (a)	20335 West Country Club Dr # 703 (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Aventura, FL 33180	Aventura, FL 33180
	05/06/2021	L21000213401
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida I	
	7901 4th ST N	FILED SECRETARY OF STANLLAHASSEE, FLOR
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ASS:
	572 300	
	5t. Patersburg FL 73	702 SS - 0
(b)	Ronald Morgan	11.12 Tale
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office add	tress:
	20375 West Country club d	s # 703
	NEW Registered Office Address:	
		<u></u>
	Aventura FL 331	180
change agent v was/w	imited liability company is not organized under the laws of the Se or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability concrete authorized by an affirmative vote of the members of the limited so of organization or the operating agreement of the limited liability.	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	dulk IIh	Ronald Morgan Printed or typed name of signer
	ture of a member or authorized representative of a member	t times or types name or signee
provisi the obj to mer	by accept the appointment as registered agent and agree to act is ions of all statutes relative to the proper and complete performaning tipations of my position as registered agent as provided for in Chelyneflect a change in the registered office address. I hereby conditions of this change.	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signati	re on Registered Agent	