

6/7/22, 11:47 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000198248**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC
Account Number : 120080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeff.baskies@katzbaskies.comLLC REGISTERED AGENT CHANGE
GIACONA FAMILY MANAGERS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIACONA FAMILY MANAGERS, 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:

JEFFREY A. BASKIES

Name of Person

KATZ BASKIES & WOLF PLLC

Firm/Company

3020 NORTH MILITARY TRAIL SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

jeff.baskies@katzbaskies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey A. Baskies

561 910-5700
at (_____) _____

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

INHS18 (2/14)

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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: GIACONA FAMILY MANAGERS, LLC
2. (a) 770 DOVER STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
BOCA RATON, FL 33487
- (b) 770 DOVER STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
BOCA RATON, FL 33487
3. 3/25/2022
Date of filing/registration in Florida
4. L22000123488
Document number
5. (a) JENNIFER E. ZAKIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MIZNER PARK OFFICE TOWER
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
225 N.E. MIZNER BLVD. STE 440
BOCA RATON, FL 33487
- (b) KATZ BASKIES & WOLF PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3020 NORTH MILITARY TRAIL
NEW Registered Office Address:
SUITE 100
BOCA RATON, FL 33431

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 of a member or authorized representative of a member

JEFFREY A. BASKIES

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

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

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