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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE **GIOTECHS.COM LLC**

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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.

7 10,710	GIOTEC	HS COM	HC
1. N	ame of the limited liability company: GIOTEC	7170.0011	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	790	1 4th St N STE 300
	St. Petersburg FL 33702	St. F	etersburg FL 33702
	09/16/22	L22	000406256
3.	Date of filing/registration in Florida	4.	Document number
.	ARDELL GERRY		
5. (a	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:
	690 MAIN STREET, #1000		
	Registered Office Address (MUST BE FLORIDA STREE)	<u>[ADDRESS]</u>	
	CAFETYLIABBOD	24605	
	SAFETY HARBOR	1. <mark>34695</mark>	
(b)	Registered Agents Inc		2022
, ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	VO
	7901 4th St N		FILED 2022 NOV -3 AN 18: 3
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_{FL} 33702	
	St. r etersburg	FL	
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	of the registered Tiability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	R:LL Pak	Riley P	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid trely reflect a change in the registered office address, ed in writing of this change.	to northrilling /	στην αμπρες αμα τ απιταπιατάς κυπι αμα ακτευ

- Assistant Secretary

Bill Havre

Signature of Registered Agent