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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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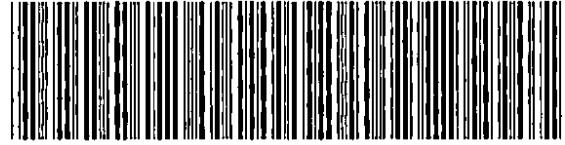
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Ginson LLC  
Name of Limited Liability Company

Sir or Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason James Miller  
Name of Person

Ginson LLC  
Firm/Company

262 Palmetto Dr  
Address

Vanice, FL 34293  
City/State and Zip Code

Ginson Transport@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason James Miller at ( 352 ) 225-1564  
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

I, the undersigned, being duly qualified to do so, hereby certify that the undersigned is authorized to change the registered office or registered agent, or both, in the State of Florida, in accordance with the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company is the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: GINSON LLC

(a) 262 Palmetto Dr, Vanice, FL 34293

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

November 1st, 2024

Date of filing/registration in Florida

4.

L23000430537

Document number

(a) Jennifer Lippa Miller

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

262 Palmetto Dr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Vanice

FL 34293

(b) Jason James Miller

Enter name of NEW Registered Agent and/or NEW Registered Office address:

262 Palmetto Dr

NEW Registered Office Address:

Vanice

FL 34293

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) 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]

Signature of a member or authorized representative of a member

Jason James Miller

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 solely to 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]

Signature of Registered Agent

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TALLAHASSEE, FL