

## Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : KB CPA SERVICES, PA  
Account Number : I20210000028  
Phone : (954)510-9188  
Fax Number : (954)510-9189

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

Email Address: G.VELEZ@IMAN.AGENCYLLC REGISTERED AGENT CHANGE  
GK PROPERTY RENTALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

OCT 14 2024

# 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: GK PROPERTY RENTALS LLC
2. (a) 8050 N UNIVERSITY DR STE 202  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
TAMARAC, FL 33321
- (b) 8050 N UNIVERSITY DR STE 202  
Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
TAMARAC, FL 33321
3. 08/30/2024  
Date of filing/registration in Florida
4. L24000382432  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
GIOVANNI VELEZ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10715 CORAL ST

PARKLAND

FL 33076

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address.

GIOVANNI VELEZ

NEW Registered Office Address:

8050 N UNIVERSITY DR STE 202

TAMARAC

FL 33321

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

GIOVANNI VELEZ

Printed or typed name of signer

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

ENHS18 (2/14)

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