Division of Cereorations

## Torida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000003358 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : ULRICH, SCARLETT, WATTS & DEAN, F.A.

Account Number : 119980000022 Phone : (941)955-5100 : (941)953-2485 Fax Number

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE GEMINI GIRL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 0 4 2025 K. Brumbley

Fax Audit No. H250000033583

## 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. 8	fame of the limited liability company:	GEMINI GIRL, LLC	H25000003358 3
2. (a)	r	(b)	<u> </u>
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	January 2, 2025	I.250000	002040
3.	Date of filing/registration in Florida	4.	Document number
5. (a	ULRICH, SCARLETT, WATTS & DEAN, P.A.		
,	Registered Agent and Registered Office shown on the reci 713 S. Orange Avenue, Suite 201	ords of the Florida Dept. of S	State
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS	_
	Sarasota	34236	_
(b)	KATHERYN G. RUDIGER		APPRO FILI 2025 JAN -3 CALCARDA CALCARD
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address	
	7419 Weeping Willow Drive		
	NEW Registered Office Address	<del>.</del>	AM 10: 39
	Saragota	, FL	
chang agent was/v the ar	limited liability company is not organized under the or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the mem ticles of organization or the operating agreement of	of the registered office ited liability company, i ibers of the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Kath	roya G. Rindiger		yn G. Rudiger
I here proving the obtained to me notific	where a member or authorized representative of a member aby accept the appointment as registered agent artions of all statutes relative to the proper and complications of my position as registered agent as properly reflect a change in the registered office addressed in writing of this change.	nd agree to act in this co iplete performance of m ovided for in Chapter 6	w duties, and I am familiar with and accept 05. F.S. Or, if this document is being filed

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