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(Requestor's Name)			
(Address)			
(Address)			
(City)Chaha (Zin (Dhana 49)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
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S. HAWKES

DEC 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: CEL GIA LLC			
	Name of Limited	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Age	nt/Registered Office (Change and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this m	atter to the following:	
Celso	C Cueto		
Name of			
Cel G	ia LLC		
Firm/Cor	ipany		
	way, Suite # 1-105		
Addres	S		
	tre NY 11570		
City/State and	l Zip Code		
celgiaco(E-mail address: (to be used for fu	@aol.com ture annual report notification	on)	
For further information conce	rning this matter, plea	ase call:	
Celso C Cuet	o at (516) 837-3457	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER A	DDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporation	S	Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center (Tallahassee, Florida 323		Tallahassee, Florida 32314	
Enclosed is a check f	or the following amo	ount:	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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:	CEL GIA LLC
2. (a) Principal office address of limited liability company	265 Sunrise Highway, Ste # 1-105
(Note: MUST BE STREET ADDRESS)	Rockville Centre NY 11570
(b) Mailing address of limited liability company:	CEL GIA LLC
(Note: MAY BE POST OFFICE BOX)	265 Sunrise Highway, Ste # 1-105 Rockville Centre NY 115702
11/28/2006	M0600000658
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State.
Registered Agent:	Giasapph Cueto
Registered Office Address:	7532 Eagle Point Drive Delray Beach FL 33446
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	InCorp Services, Inc. 17888 67th Court North
NEW Registered Office Address:	17888 67th Court North
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee ,FL 33470
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Celso C Cueto Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	
Signature of Registered Agent ou behalf of Incorp	Services, Inc.
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

FILING FEE: \$25.00