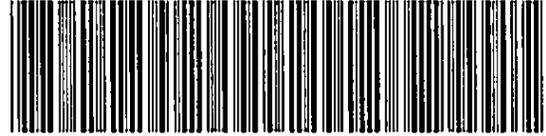


M17000003492



300313290943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

05/22/18--01023--004 **25.00

Special Instructions to Filing Officer:

Office Use Only

FILED
2018 MAY 22 PM 4:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIVAMAN, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

INDYARA CATRAMBY ANDION PIQUET

Name of Person

PIQUET LAW FIRM PA

Firm/Company

1000 BRICKELL AVENUE, SUITE 201

Address

MIAMI, FL 33131

City/State and Zip Code

JANINI@PIQUETLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INDYARA ANDION PIQUET

Name of Person

at (786)

558-8054

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

MM

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: GIVAMAN, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1000 BRICKELL AVE. STE 201.
MIAMI, FL 33131

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
7700 N KENDALL DRIVE SUITE 405
MIAMI, FL 33156

3. 04/24/2017 Date of filing/registration in Florida

4. M17000003492 Document number

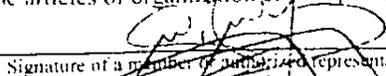
5. (a) MARCEL ROTKER
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5981 SW 136TH STREET
MIAMI, FL 33156

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

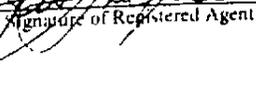
PROFESSIONAL CORPORATE SERVICES, LLC
NEW Registered Office Address
1000 BRICKELL AVENUE, SUITE 201
MIAMI, FL 33131

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

MARIO MARCHIONNO
 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

FILED
 2018 MAY 22 PM 4:47
 TALLAHASSEE, FL 09102