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(1	(Requestor's Name)				
(/	(Address)				
(Address)					
	City/State/Zip/Phone #)				
(,	City/Glate/Zip/Filone #)				
PICK-UP	WAIT	MAIL			
(1	Business Entity Name)				
(Document Number)				
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Special Instructions to F	iling Officer:				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/18/2024				
Name:	Cheyanne Davis	_			
Reference #	#: 2467355	_			
Entity Name: GIGI'S PLAYHOUSE - FT MYERS, LLC					
_	les of Incorporation/Authorization	to Transact Business			
_	ndment				
Reinstatement					
Conversion					
Merg	☐ Merger				
☐ Dissolution/Withdrawal					
Fictitious Name					
☐ Othe	er				
Authorized .	Amount: \$25.00				
Signature: _	Ohyma Paine				

F: 800.944.6607

F: +852.2682.9790

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	lame of the limited liability company:	GIGI'S PLAY	/HOUSE - FT MYERS, LLC
	no change Principal office address of limited liability company:		no change Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	6/20/2017	-	M17000005221
3.	Date of filing/registration in Florida		Document number
5. (a			
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. (of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	1201 HAYS ST		202
	TALLAHASSEE FL.	32301	THE SEP
(b			MA SEP 18 PHIZ 40 SECTIONS SEE ELANTS SECTIONS OF STATE
	Enter name of NFW Registered Agent and/or NEW Registered	Office address:	温泉 き ロ
	115 North Calhoun Street, Suite 4		
	NEW Registered Office Address:		<u>. </u>
	Tallahassee , F1,	32301	
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the State the registered bility compan f the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
/0	ature of a member or authorized representative of a member	Kim Hani	na, Member
-			Printed or typed name of signee
Ther	eby accept the appointment as registered agent and agre	ee to act in thi	s capacity. I further agree to comply with the

Thereby 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.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary