## M17000009219

(Requestor's Name)				
(Address)				
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	_			
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P. 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 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 PLAYH	DUSE-TAMPA, LLC			
☐ Articl	les of Incorporation/Authorization	to Transact Business			
Ame	ndment				
☐ Change of Agent					
☐ Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized .	Amount: <b>\$25.00</b>				
Signature:	Oryma Paire				

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.

Name of the limited liability company:		GIGI'S PŁAYHOUSE-TAMPA, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	no change  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/30/2017	- <u>-</u>	M17000009219
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company Registered Agent and Registered Office shown on the records of the	e Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET AL		
	1201 HAYS ST		<u> </u>
		3230	1
(b)	Cogency Global Inc.		THE SEP IS PAIN 26
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address	S 200
	115 North Calhoun Street, Suite 4		
	NEW Registered Office Address:	· <del>-</del>	
	Tallahassee . FL_	3230	1
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light	he registero fility comp the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
•	Billiana		anna, Member
·	ture of a member or authorized representative of a member		Printed or typed name of signec
provisi the obl to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	e to act in a crformance for in Chap reby confi	ints capacity. I further agree to compty with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary