m2000010463

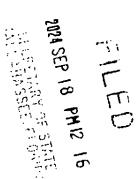
(F	Requestor's Name)	
· ·	,	
	Address)	
,	,	
(<i>f</i>	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
1)	Document Number)	
Certified Copies	Certificates of Si	tatus
Special Instructions to F	iling Officer:	

Office Use Only



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Change



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A. RAMSEY SEP 19.2024



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	9/18/2024	
Name:	Cheyanne Davis	_
Reference #:	2467355	_
Entity Name:	GIGI'S PLAYH	OUSE - MIAMI, LLC
Articles	of Incorporation/Authorization	to Transact Business
Amendn	nent	
Change	of Agent	
Reinstat	ement	
Convers	ion	
Merger		
Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount: \$25.00	
Signature:	Unyma 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.

Mailting address of limited liability company: (Note: M-LY BE POST OFFICE BOX) M20000010463 Document number Dept. of State:
Mailing address of limited liability company: (Note: M-LY BE POST OFFICE BOX) M20000010463 Document number
M2000010463 Document number
Document number
Dept. of State:
P 18
inter 😘
301
<u> </u>
tress:
2301
State of Florida, it is hereby confirmed that after tered office and the business office of the register impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Hanna, Member Printed or typed name of signee

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent

/s/ Michael Carlisle