

P050000 31248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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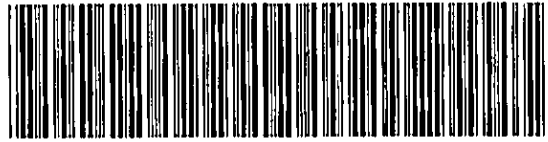
(Business Entity Name)

(Document Number)

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Giraffe Holding Inc.
Name of Corporation

DOCUMENT NUMBER: P05000031248

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria A. Altamirano
Name of Contact Person

Giraffe Holding Inc.
Firm/Company

PO Box 310370
Address

Miami, Florida 33131
City/State and Zip Code

queeniealtamiranolacayo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugenio Mendoza at (305) 358-0554
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Giraffe Holding Inc.
2. The principal office address: 1390 Brickell Ave. Suite 200, Miami, Florida 33131
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/01/2005 Document number: P05000031248

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


Eugenio P Mendoza
777 Brickell Ave Suite 1201
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

6460 SW 49th Street
P.O. Box NOT acceptable
Miami, Florida 33155

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of officer, director or shareholder

Maria A. Altamirano
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/19/2018
Date

If signing on behalf of an entity:

Eugenio P Mendoza
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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