P09000032815

(Rec	questor's Name)	
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O SIMMONS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/13/2020	<u> </u>	₩WALK IN#
ENTITY NAME GARD	ENIA 2.0 INC.	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFIC		
TOTAL OWED \$35.00	ACCOUNT # 120140000108	
	United Corporate Services, Inc.	Kerrand
Please call Tina at	the above number for any issues or concerns. Thank you	so much!

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
I. The name of	the corporation: GARDENIA 2.0 l	√C.	
2. The principal NEW YORK, N	office address: 66 WHITE STREET	r - Unit 501	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:04/10/2009	Document number: P09000032815	
5. The name and		tored exect and registered affice on file with the	2021
	NRAI SERVICES, INC.		F.
	1200 SOUTH PINE ISLAND ROA	ND .	2020 APR 13
	PLANTATION, FL 33324		
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	7: 47
	United Corporate Services, Inc.		
	9200 South Dadeland Blvd Suite	508	
	Miami, Florida 33156	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered agent,
Such change wanthorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer een notified in writing of the change.	so
Ma	rio Gazzola re of applifyers director	Mario Gazzola	
I hereby accept I further agree of my duties, ar document is bei	V	Printed or typed name and title went and agree to act in this capacity, all statutes relative to the proper and complete po the obligation of my position as registered agent, the in the registered office address, I hereby confit thange.	erformance Or, if this rm that the
	Jim Nach.	4/10/2020	
- A	Jim Nash mature of Registered Agent	Date	
If signing on be	half of an entity:		
Jim Nash			
7	yped or Printed Name		

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