## P09000046239

(	Requestor's Name)
(	Address)
(	Address)
. (	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	:





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Phewis Vereis 8-25-09

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
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SUBJECT: Gio of Fabio, Iric.  Name of Corporation	
DOCUMENT NUMBER: P09000046239	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	٠.
Please return all correspondence concerning this matter to the following:	
Giovanna DiFabio	
Name of Contact Person	
Gio of Eabio, Inc. Firm/Company	
1-11 th Company	
101 Nameth Occas During Sta #151	
101 North Ocean Drive, Ste #151 Address	
Hollywood, Florida 33019	
City/State and Zip Code	
giovannadifabio@hotmail.com E-mail address: (to be used for future annual report notification)	
,	
For fourther information concerning this metter places call.	
For further information concerning this matter, please call:	
Giovanna DiFabio at (954) 639-2988  Name of Contact Person Area Code & Daytime Telephone N	
Name of Contact Person Area Code & Daytime Telephone N	umber
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 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314	
Tallahassee, FL 32301	

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the	he corporation: Gio of Fabio, Inc
2. The principal of	office address: 101 North Ocean Drive, Ste #151 Hollywood, Florida 33019
3. The mailing ac	ddress (if different): N/A
4. Date of incorp	poration/qualification: 05/26/2009 Document number: P090000426239
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Giovanna DiFabio
	151 North Ocean Drive, Ste #151
•	Hollywood, Florida 33019
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Marc Hershman
	101 North Ocean Drive #151
	P.O. Box NOT acceptable
The street address	Hollywood, Florida 33019  ess of its registered office and the street address of the business office of its registered agent, be identical.
_	·
authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Giovanna DiFabio, Director, Preside Strinted or typed name and title and Sacrotary
	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the observable of the proper and complete performance of the filed merely to reflect a change in the registered office address, I hereby confirm that the observable of the proper and complete performance of the
Ulasta	4/17/09
Mark Her	native of Registered Agent Date
it signing on bel	half of an entity:
Ту	yped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)