

P13000056003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

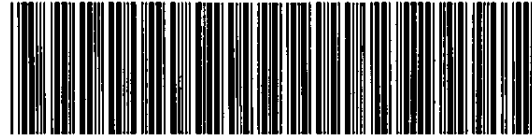
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254588557

01/08/14--01011--009 **35.00

FILED

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 20 PM 3:30

FEB 20 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gio's Auto Paint & Body Shop Corp.
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geovanny Ramos
(Name of Person)

Gio's Auto Paint & Body Shop Corp.
(Firm/Company)

2238 nw 17 ave.
(Address)

Miami, FL 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

Geovanny Ramos at (786) 306-4377
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GIO'S AUTO PAINT & SHOP, CORP.
2. The principal office address: 2238 NW 17 AVE.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/2013 Document number: P13000056003
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)

SJGL ETERNITY CORP

3363 SW 29 TERRACE

MIAMI, FL. 33133

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

GEOVANNY EDUARDO RAMON

2238 NW 17 AVE.

P.O. Box NOT acceptable

MIAMI, FL. 33142

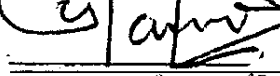
The street address of its registered office and the street address of the business office of its registered agent, as changed, shall be identical.

I, Geovanny Ramos, confirm that I am authorized by resolution duly adopted by its board of directors or by an officer so authorized, and the corporation has been notified in writing of the change.



Geovanny Ramos
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. If the appointment is being filed merely to reflect a change in the registered office address, I have been notified in writing of this change.



Signature of Registered Agent

02/14/2014

Date

If signing on behalf of an entity:

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)

FILED
14 FEB 20 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED