

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200316144882

07/30/18--01029--020 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Gilco Home Products Name of Corporation			
DOCUMENT NUMBER: P15000062242			
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:			
Gil Makhluf Name of Contact Person Gillio Home Products Firm/Company			
19456 Preserve Ditve Address			
Boca Ration, FL 33498 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ail Makhluf Name of Contact Person at (SU) 906-6017 Area Code & Daytime Telephone Numb			
Name of Contact Person Area Code & Daytime Telephone Numb	er		
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			

TO:

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, Fi statement of change is submitted for a corporation organized under the laws of the Statement in order to change its registered office or registered agent, or both, in the Statement	ate of Florida
1. The name of the corporation: liste Home Products	
2. The principal office address: 9329 BOLA Gardons Circle South	th Boca Ration,
Florida 33496	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/22/15 Document number: F	7/5000042242
 The name and street address of the current registered agent and registered office on Florida Department of State: (If resigned, enter resigned) 	i file with the
United States Corporation Agents., Inc.	
United States Corporation Agents., Inc. 13302 Winding Oak Court A	
Tampa, FL 336/2	>>
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	
Gil Makhlut	5555 5 555 5 555 5 555
P.O. Box NOT acceptable	55 6
BOCA Raton, FL 33498	
The street address of its registered office and the street address of the business offices changed will be identical.	ce of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so ge.
Signature of profficer or director Printed or typed name	re and title
I hereby accept the appointment as registered agent and agree to act in this capaci I further agree to comply with the provisions of all statutes relative to the proper a performance of my duties, and I am familiar with and accept the obligation of my pagent. Or, if this document is being filed merely to reflect a change in the registere hereby confirm that the corporation has been notified in writing of this change.	ty. nd complete vosition as registered vd office address, I
Signaffice of Registered Agent 7/25/18 Date	
Daile	
If signing on behalf of an entity:	
Typed or Printed Name	

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

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