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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Giany's, Inc. dba/ Giany's Gift Baskets

Name of Corporation

DOCUMENT NUMBER, P16000007622

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:

Luis J. Salas

Name of Contact Person

Giany's, Inc.

Firm/Company

80 S. Shore Dr. #502

Address

Miami Beach, FL. 33141

City/State and Zip Code

Gianysalas@aol.com 786-797-0047

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaquelin D. Salas

at (

282-3869

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

statement of cha	provisions of sections 607.05 ange is submitted for a corpor er to change its registered offic	ation organized under	the laws of the State of	Florida	
1. The name of	the corporation: Giany's, I	nc. dba/ Giany'	s Gift Baskets		
	office address: 80 S. Shoeach, FL. 33141	ore Dr. #502			
3. The mailing a	address (if different): N/A				
4. Date of incor	poration/qualification: 01/1	4/2016 <sub>Doc</sub>	ument number: P1600	00007622	
	d street address of the current rtment of State: (If resigned, e		egistered office on file w	ith the	
	Emilia Gama				
	80 S. Shore Dr. #50	2			
	Miami Beach, FL. 3	3141		<b>2016</b>	
6. The name and (if changed):	d street address of the new reg	ristered agent (if chan	ged) and /or registered of	38 59 W 11 W 13 W 13 W 13 W 13 W 13 W 13 W 1	
	Jaquelin D. Salas				
	80 S. Shore Dr. #50			<b>ب</b> ب	لسا
•	Miami Beach, Fl. 33	P.O. Box NOT acceptable		59	
The street addr as changed will	ess of its registered office and be identical.	d the street address of	f the business office of it	s registered age	nt,
Such change w authorized by t	as authorized by resolution d he board, or the corporation h	uly adopted by its boa has been notified in w	ard of directors or by an riting of the change.	officer so	
Johnstey	President (new Title) Signature of an officer or director  Printed or typed name and title		-		
I further agree	t the appointment as registere to comply with the provision. I my duties, and I am familiar his document is being filed me that the corporation has bee	s of all statutes relati	act in this capacity. ve to the proper and con	nnlete	
Jeafrel	gue See See See See See See See See See S	11/07/	/2016		
If signing on be	ehalf of an entity:				
Giany's Inc.	/dba Giany's Gift Basket				
7	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 \* \* \*