

(Requestor's Name)				
(Address)				
(Address)				
(City)	/State/Zip/Phon	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
J. HORNE				
MAY - 5 2022				
	-			

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05/02/22--01012--013 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. CIANT CADITAL UOLDINGS C	ODD	
SUBJECT: GIANT CAPITAL HOLDINGS C Name of Corporation	<u>ORP</u>	
DOCUMENT NUMBER: P20000047706		
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Sydney Grice Name of Contact Person		
Anderson Business Advisors Firm/Company		
3225 MoLeod Dr Address		
Las Vegas, NV 89121 Cay/State and Zip Code		
_ra@andersonadvisors.con E-mail address: (to be used for future annual repo	n ort notification)	
For further information concerning this matter, please	call:	
Sydney Grice Name of Contact Person	at (800) 706-4741	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CP210433047(3)

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a corporati	or registered agent, or both, in the State of Florida.
L. The name of	the corporation: GIANT CAP	ITAL HOLDINGS CORP
		IPION RING RD 107FT MYERS, FL33905
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: <u>06/23/</u>	2020 Document number: P20000047706
	d street address of the current reg rtment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	RODRIGUEZ, PABLO	L
		RD 107FT MYERS, FL33905
6. The name and (if changed):		ered agent (if changed) and /or registered office 2
	Anderson Registered A	igents, Inc.
	_625.E. Twiggs_Street,_S	Agents, Inc. Suite 110 P.O. Box NOT acceptable
	Tampa, FL 33602	
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registered agent,
Such change wanthorized by the		y adopted by its board of directors or by an officer so sbeen notified in writing of the change.
	DRIGUEZ (ACCIDENCED AND INCOME PROPERTY) PRIGUEZ (ACCIDENCED AND AND AND AND AND AND AND AND AND AN	PABLO L RODRIGUEZ, President
Thereby accept Therther agree of m.: daties, an document is bei	the appointment as registered to comply with the provisions of all two familiar with and accepting filed merely to reflect a chast because in this point.	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.
		3/24/2022
•	mature of Repistered Agent	Date
	rhalf of an entity:	
	resident Life Spiriting	 -
1	yped or Printee Name	

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