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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

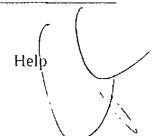
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REGISTERED AGENT CHANGE THE GIOVANNE CORPORATION

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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, i ion organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.	this
	he corporation: The Giovanne C		
3. The mailing a	ddress (if different);		
4. Date of incoη	poration/qualification: 07/13/94	Document number: P94000052370	
	I street address of the current req trnent of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	RAMPOLLA, RON G		
	13014 N Dale Mabry Hwy #245		20
	TAMPA, FL 33618		2024 JUL 3 I
6. The name and (if changed):	street address of the new regist	tered agent (if changed) and /or registered office	
	Registered Agents Inc		丑 9
	7901 4th St N STE 300	- 2	9: 30 :::
		P.O. Box NOF acceptable	
	St. Petersburg FL 33702		
_		he street address of the business office of its register	
authorized by th	is admonized by resolution dar- ne board, or the corporation has	y adopted by its board of directors or by an officer s s been notified in writing of the change.	O
Pon Pampol	LLA re of an officer or director	Ron Rampolla Printed or typed name and title	
I hereby accept I further agree i of my duties, an document is bei	the appointment as registered o comply with the provisions o d I am familiar with and accep	agent and agree to act in this capacity. If all statutes relative to the proper and complete pe It the obligation of my position as registered agent, nge in the registered office address, I hereby confir	rformance Or, if this m that the
Doni Pens		07/31/2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
T	ped or Printed Name	_	

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