P970000 13530

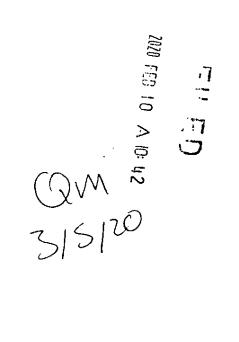
(Requestor's Name)		
(Address)		
Saavedra Goodwin 312 S.E. 17th Street-Second Floor Fort Lauderdale, Florida 33316		
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		
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02/10/20--01097--007 ++95.00



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

Pursuant to to statement of c in or	he provisions of sections 607.0502, 617.0: change is submitted for a corporation orgo der to change its registered office.	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of	
	of the corporation: Georgio Properties, Inc.	nerea agent, or both, in the State of Florida.	
z. The princip	al office address: 3040 S.W. 10th Street, Po	mpano Beach, Florida 33069	
3. The mailing	address (if different): 26-15 123rd Street,	Final: NR.	
4. Date of inco	2/11/1997	riusning, NY 11354	
5 The server	apolation/qualification:	Document number: P97000013530	
a rue require at	nd street address of the current registered a autment of State: (If resigned, enter resigned		
	Max M. Hagen	,	
	3531 Griffin Road		
	Fort Lauderdale, FL 33012		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Glen M. Lindsay		
	312 S.E. 17th Street, 2nd Floor	> .1	
	P.O. Box NOT acceptable		
	Fort Lauderdale, Florida 33316		
The street addre	ss of its registered office and the street a	ddress of the business office of its registered agent	
Such change was authorized by the	authorized by resolution duly adopted by board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.	
Signature	of an officer of director	Kathleen Georgio, Director	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and be comply with the provisions of all statut. I am familiar with and accept the oblig g filed merely to reflect a change in the been notified in writing of this change.	runted or typed name and title agree to act in this capacity, agreed to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Signature Signature	ture of Registered Agent	1/27/2020	
If signing on beh	alf of an entity	Date	
GUEN	M. L. NOGAY ed 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 (04/13)