P97000013530

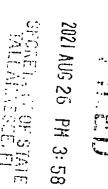
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phon	e#)
PICK-UP	_	MAIL
(Bu	siness Entity Nar	 ⊓e)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600372044396

08/26/21--010:9--001 **595.00



A. Buffer 9/7/21

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GEORGIO PROPERTIES, INC. Name of Corporation	
DOCUMENT NUMBER: P97000013530	
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:
Glen M. Lindsay	
Name of Contact Person	
Saavedra-Goodwin	
Firm/Company	
888 SE 3rd Avenue, Suite 500	
Address	
Fort Lauderdale, Florida 33316	
City/State and Zip Code	
dpazo@saavlaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	olease call:
Decanna Pazo	at (954) 767-6333
Name of Contact Person	at (954) 767-6333 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	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation ir to change its registered office or	organized un	der the laws of the Stat	te of Florida		
1. The name of	the corporation: GEORGIO PROPE	ERTIES, INC.				
2. The principal	office address: 3040 S.W. 10TH ST	REETPOMPA	NO BEACH, FL 33069			
3. The mailing a	ddress (if different):			_		
4. Date of incor	poration/qualification: 02/11/1997	D	ocument number: P97	000013530		
5. The name and	I street address of the current regis tment of State: (If resigned, enter	tered agent an				
	LINDSAY, GLEN M.					
	312 SE 17TH ST 2ND FLOOR FO	RT LAUDERD	DALE , FLORIDA 3331	6		
6. The name and (if changed):	I street address of the new register LINDSAY, GLEN M.	ed agent (if ch	anged) and /or register	ed office?	2021 AUG 26	tany d tany tany
	888 SE 3rd Avenue, Suite 500 Fort	Lauderdale, Fl		OF STATE	PM 3: 58	
The street address changed will	ess of its registered office and the be identical.	street address	of the business office	e of its regis	itered a	igent,
Such change wanthorized by the	as authorized by resolution duly and board, or the corporation has b	idopted by its een notified in	board of directors or lawriting of the chang	by an office e.	r so	
La	14.6		OLEN M	lliv.	194	<u>Y</u>
I havaby accan	the appointment as registered ag to comply with the provisions of a to I am familiar with and accept to ing filed merely to reflect a chang is been potified in writing of this c	gent and agree all statutes rel the obligation we in the regist hange.	Punted or typed name to act in this capacity ative to the proper an of my position as registered office address, I	11	perforr it. Or, firm the	nance if this at the
May	M.C		8/19/21			
Sig	nature of Registered Agent		Date			
If signing on be	chalf of an entity:					
т	yped or Printed Name	<u></u>				

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