

P99000096968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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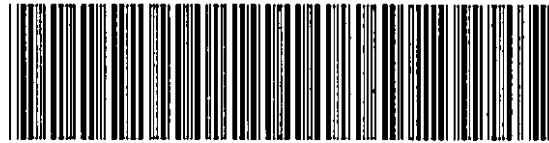
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GERRY TRADER INC  
Name of Corporation

**DOCUMENT NUMBER:** P99000096968

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:

ROMINA TRAFICANTE

Name of Contact Person

GERRY TRADER INC

Firm/Company

PO BOX 1875

Address

BOCA RATON FL, 33429

City/State and Zip Code

MICRONUSA@AOL.COM

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

For further information concerning this matter, please call:

ROMINA TRAFICANTE

Name of Contact Person

at ( 561 ) 931.8630

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GERRY TRADER INC

2. The principal office address: 6295 LAKE WORTH RD. GREENACRES FL, 33463

3. The mailing address (if different): PO BOX 1875, BOCA RATON FL. 33429

4. Date of incorporation/qualification: 11/02/1999 Document number: P99000096968

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LILIANA BIANCHI

399 CAMINO GARDENS BLVD. SUITE 304A

BOCA RATON, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LILIANA BIANCHI

399 CAMINO GARDENS BLVD. SUITE 300

P ( ) Box N ( ) If acceptable

BOCA RATON, FL 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of the officer or director

ROMINA TRAFICANTE

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered Agent

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)