

PLA-28

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GOAL MANAGEMENT, INC.  
Name of Corporation

DOCUMENT NUMBER: F18000002579

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:

SCOTT CUMMINGS  
Name of Contact Person

GOAL MANAGEMENT, INC.  
Firm/Company

9224 HOLLISTON CREEK PL  
Address

WINTER GARDEN FL 34787  
City/State and Zip Code

scott@goaltrans.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CUMMINGS at ( 847 ) 668-4985  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 ARIZONA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GOAL MANAGEMENT, INC.
2. The principal office address: 5401 S. KIRKMAN RD. #310  
ORLANDO, FL 32819
3. The mailing address (if different): 9224 HOLLISTON CREEK PL, WINTER GARDEN FL
4. Date of incorporation/qualification: 8/5/2005 <sup>5/31/2018</sup> Document number: 12015606 <sup>34787</sup>
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) F1800002579

SCOTT CUMMINGS  
1180 PONCE DE LEON BLVD #601  
CLEARWATER FL 33756

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

SCOTT CUMMINGS  
9224 HOLLISTON CREEK PL.  
P.O. Box NOT acceptable  
WINTER GARDEN FL 34787

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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.

Scott Cummings  
Signature of an officer or director

SCOTT CUMMINGS, DIRECTOR  
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.

Scott Cummings  
Signature of Registered Agent

1/16/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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)