1619 0000000001012

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
	Office Use Or	nlv



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02/13/24--01021--018 **35.00

MARES IS AM 8:05

6. HUNT C 2/13/24

COVER LETTER

то:	Amendment Section Division of Corporations	·		
SUBJ Name	ECT: FOR GOODNESS CAKES, INC of Corporation			
DOCU	JMENT NUMBER: F19000004612			
The er	closed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this ma	itter to the following:		
	CA MONTJOY			
Name	of Contact Person			
	GENTS			
	Company			
	RESTWOOD PKWY, SUITE 350		4	
Addre		•.	ایم	
	TH, GA 30096			
City/S	ate and Zip Code	(A)		1.
	JMONTJOY@URSCOMPLIANO	in the second se	=	il e
E-mai	l address: (to be used for future annual rep	port notification)	हरा तथा अ. 8: 05	V 2:50
For fu	ther information concerning this matter, pleas	se call:		
JESSIC	CA MONTJOY	at (877)2752767		
	Name of Contact Person	at (877)2752767 Area Code & Daytime Telephone	Numb	er
Enclos	ed is a \$35,00 check made payable to the Dep	partment 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		

CR2E045 (04/13)

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

statement of che	provisions of sections 607,0502, unge is submitted for a corporati er to change its registered office	ion organized i	inder the laws of th	ie State of CA		is
1. The name of	the corporation: FOR GOODNES	SS CAKES, INC	··			
	office address:lvd #826, Santa Monica, CA 9040		 4 34-			
	address (if different):					
4. Date of incor	poration/qualification: 09/25/201	19	Document number	r: <u>F1900000461</u>	2	
	d street address of the current reg rtment of State: (If resigned, ento		and registered office	e on file with th	າຕ	
	NORTHWEST REGISTERED A	AGENT LLC				
	7901 4TH ST N #300					
	ST PETERSBURG, FL 33702					
6. The name and (if changed):	d street address of the new regist URS AGENTS, LLC	tered agent (if c	changed) and /or re	gistered office	Mar 12.3 13	
	3458 Lakeshore Dr.				1.4.1 	
	Tallahassee, FL 32312	P.O. Box NOT:	eceptable	S SEE	AH 8	-
The street address changed will	ess of its registered office and the identical.	he street addre	ss of the business	office of igner		d agent
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by it s been notified	s board of director in writing of the c	rs or by an offic change.	cer so	
4 Signatu	Te di fin officer or director	<u>Jair</u>	ne Lehman-Executiv	ve Director		
I further agrée of my duties, ar document is ber	the appointment as registered to comply with the provisions of I am familiar with and acceping filed merely to reflect a chass been notified in writing of this	of all statutes ri In the obligation In the regi	ee to act in this ca clative to the prop n of my position a: stered office addre	pacity. er and complet s registered ag ess, I hereby co	te perfo ent. O onfirm	ormanc r, if thi that the
		<u></u>	DECEMBER 12T	Н 2023		
	thalf of an entity:		Đ	J ate		
JESSICA MON	IJOY/ASST SECRETARY					
11	yped or Printed Name	16121 11111				
	* * * FIL.	JNG FEE: \$3)5.UU * * * UU.C			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)