F240000000000007

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
Office Use 2024		
2024		



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94/03/24--01019--015 •*35.00

FILED 2024 APR -3 AM II: 58 Amendment Section

COVER LETTER

TO:

Division of Corporations		
SUBJECT: Good Candy, Inc. Name of Corporation		-
Name of Corporation		
DOCUMENT NUMBER:		
The enclosed Statement of Change of Registered C	Office/Agent and f	ee are submitted for filing.
Please return all correspondence concerning this m	atter to the follow	ring:
Noam KAPLAN		
Name of Contact Person		
Good Candy, Inc.		
Firm/Company	 -	
4440 PGA Blvd. Suite 600		
Address		
Palm Beach Gardens/Florida 33410		
City/State and Zip Code	•	
noam@matokal.com		
E-mail address: (to be used for future annual re	eport notification	1)
For further information concerning this matter, ple	ase call:	
Theo L. Rieu, Esq.	at (<u></u>) 889-2331
Name of Contact Person	Area C	ode & 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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Delaware	
		ice or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Good Candy	, Inc.	
2. The principal	office address: 4440 PGA Bl	vd. Suite 600, Palm Beach Gardens/Florida 33410	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 06/29/	/2023 Document number:	
	I street address of the current timent of State: (If resigned.)	registered agent and registered office on file with the enter resigned)	
	C T Corporation System, 12	200 South Pine Island Road, Plantation, FL 33324	
6. The name and (if changed):		gistered agent (if changed) and /or registered office am KAPLAN Palm Beach Gardens, Florida 33410 P.O. Box NOT acceptable	
4440 PGA Blvd. Suite 600, Palm Beach Gardens, Florida 33410 P.O. Box NOT acceptable			
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business office of its registered agent.	
Such change wa authorized by th		duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
	Abam Eaplan	Noam KAPLAN - President	
I hereby accept I further agree to of my duties, an document is bei	te of a ll officer of direc tor the appointment as register to comply with the provision of I am familiar with and ac ng filed merely to reflect a cs been notified in writing of	Printed or typed name and title red agent and agree to act in this capacity. res of all statutes relative to the proper and complete performanc recept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.	
	Abam Eaplan	3/27/2024	
	nature of Registered Agent half of an entity:	Date	
Noam KAPLAN			
	yped or Printed Name		

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