

L08000046337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goodwin Technology LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randolph B Goodwin
Name of Person

Goodwin Technology LLC
Firm/Company

3307 Bancroft Drive
Address

Melbourne, FL 32940
City/State and Zip Code

cmgoodwin@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randolph B Goodwin at (321) 241-6069
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2016

RANDOLPH B GOODWIN
3307 BANCROFT DRIVE
MELBOURNE, FL 32940

SUBJECT: GOODWIN TECHNOLOGY, LLC
Ref. Number: L08000046337

2016 AUG -3 PM 3:02
TALLAHASSEE, FLORIDA

We have received your document for GOODWIN TECHNOLOGY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct 5(a), fill out 5(b), and include correct document number in 4.

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00015506

2016 AUG -3 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Goodwin Technology LLC

2. (a) 3307 Bancroft Drive (b) 3307 Bancroft Dr.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Melbourne, FL 32940

Melbourne, FL 32940

3. 5/8/08 4. L08000046337
4/20/2016 15 80-14834505-0
Date of filing/registration in Florida Document number

5. (a) Randolph B Goodwin
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3307 Bancroft Dr 3360 S Atlantic Ave #210
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Cocoa Beach
Melbourne, FL 32940 32931

, FL

(b) RA Randolph B Goodwin
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

RA 3307 Bancroft Dr
NEW Registered Office Address:
Melbourne, FL 32940

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Randolph B Goodwin
Signature of a member or authorized representative of a member

Randolph B Goodwin
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Randolph B Goodwin
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
16 AUG -3 AM 8:10
TALLAHASSEE, FL ORIN