## L0800046357

(Re	equestor's Name)	
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N. HARKIE

## **COVER LETTER**

Division of Corporations			
SUBJECT: Coodwin Technol Name of Lim	ogy LLC ited Llability 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			
Goodwin Technology L Firm/Company	LC		
3307 Bancroft Dry Address	ve_		
Melbourne, FL 32940 City/State and Zip Code	<u> </u>		
Cm gooduin @ 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 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		

INHS18 (2/14)



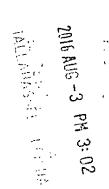
## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

RANDOLPH B GOODWIN 3307 BANCROFT DRIVE MELBOURNE, FL 32940

SUBJECT: GOODWIN TECHNOLOGY, LLC

Ref. Number: L08000046337



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

TALLANDERS OF STATE

## 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.	Na	ume 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:
		Melbourne, FL 32940 Melbourne, FL 32940
		, 5/8/08 L08000046337
		7/20/2016 15 80-14834505-0
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Randolph B. Goodwin
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		3307 Ameroft Dr 3360 S Atlantic the #210
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Melbourne, El 32940 32931
		, FL
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(b)	MA Kandolph & Goodwin
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		N/A 3307 Bancroft Dr
		7. (m)
		Melbourne PL 32940
		,FL OF O
the	the I e cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered
age	ent v	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	arti	clos of organization of the operating agreement of the limited liability company.
<del>/</del> 5	Signa	Printed or typed name of signee
II	here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the	oviși 2 obl	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
no.	neri tifiei	ely reflect a change in the registerea office adaress, I hereby confirm that the limited Hability company has been I in writing of this change.
<u></u>	1	while the Double
7/1	gnatu	re of Registered Agent

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