## LD800009786

(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
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Cassial Instructions to Filips Officer		
Special Instructions to Filing Officer:  L. SELLERS		
CELLERS		
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EXAMINER		
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations		
SUBJECT: GO FLORIDA USA 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:		
GEOFFREY OWEN Name of Person		
Firm/Company		
8409 EAGLES LOOP CIRCLE	Application of the Control of the Co	
WINDERMENE FL 34786 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
GEOFFREY GWEN at (407) 612 - 613 9  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	

TO: Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: GOFLOQ	IDAUSA LLC
2. (a) Principal office address of limited liability company	y: 8409 EAGLES LOOP CIRCLE
(Note: MUST BE STREET ADDRESS)	WINDERMERE, FL 34786
(b) Mailing address of limited liability company:	8409 EAGLES LOOP CIECLE
(Note: MAY BE POST OFFICE BOX)	WINDERMERE FL 34786
3. Date of filing/registration in Florida	L08000082786  4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	UNITED STATES CORPORATION AGENT IN
Registered Office Address:	3205. FLAMINGO ROAD  PEMBROKE PINES P-32027 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  GENCELEY OWEN
NEW Registered Agent:  NEW Registered Office Address:	GENGLEY OWEN STOP EAGLES LOOP CIRCLE
(MUST BE FLORIDA STREET ADDRESS)	WINDERMERE 1 FL34786
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr	ART S
comply with the provisions of all statutes relative to the decomply with the provisions of all statutes relative to fine and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	
Signature of Registered Agent	ANTE SOL

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