#L10000081445

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COVER LETTER

TO: Registration Section Division of Corporations		
2 million of Cosperances		
SUBJECT: GOODY 3 INVESTMENTS 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:		
SHIRI WEISSMARK		
Name of Person		
GOODY 3 INVESTMENTS LLC		
Firm/Company		
3314 OAK DRIVE		
Address		
HOLL VIMOOD EL 22021		
HOLLYWOOD, FL 33021 City/State and Zip Code		
, ,		
SWEISSMARK@GMAIL.COM		
SWEISSMARK@GMAIL.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
SHIRI WEISSMARK at (954) 967-6099	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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:G	OODY 3 INVESTMENTS LLC
2. (a) Principal office address of limited liability compa	ny: 3314 OAK DR
(Note: MUST BE STREET ADDRESS)	HOLLYWOOD, FL 33021
(b) Mailing address of limited liability company:	3314 OAK DR
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD, FL 33021
9/21/2010	L10000081445
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	UPSIDE MANAGEMENT LLC
Registered Office Address:	3625 W BROWARD BLVD #203 FORT LAUDERDALE FL 33312 -
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	SHIRI WEISSMARK 3314 OAK DRIVE
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. 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 comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligation of my pand I am familiar with an accept the obligation of my pand I am familiar with an accept the obligation of my pand I am familiar with a my pand I am familiar wi	_

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

Signature of Registered Agent