## 410000093158

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



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T. HAMPTON

JAN 1 0 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	Go Whole, LLC
	Name of	Limited Liability Company -
Dear :	Sir or Madam:	· -
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to the following:
	Michael A. Albert	
	Name of Person	
	Go Whole, LLC Firm/Company	
	165 Madeira Avenue #9 Address	
	Coral Gables, Florida 331: City/State and Zip Code	34
E	malbert@gowhole.com -mail address: (to be used for future annual report	notification)
For fu	rther information concerning this ma	tter, please call:
	Michael A. Albert	at ( 786 ) 252-2200
	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 follow	ing 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:	Go Whole, LLC			
2. (a) Principal office address of limited liability com	npany:			
(Note: MUST BE STREET ADDRESS)	165 Madeira Avenue #9 Coral Gables, Florida 33134			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	165 Madeira Avenue #9 Coral Gables, Florida 33134			
9/7/10	L10000093158			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shows	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Luis F. Martinez			
Registered Office Address:	3211 SW 18 Street Miami, Florida 33146			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Michael A. Albert			
NEW Registered Office Address:	165 Madeira Avenue #9			
(MŪST BE FLORIDA STREET ADDRESS)	Coral Gables ,FL33134			
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company with the provisions of all statutes relative to the and I am familiar with and accept the obligations of made and I am familiar with and accept the obligations of made and the limited liability company. Signature of Registered Agent	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.  2 VISITE ARYOF OF THE PART O			