## 111000030259

| (Requestor's Name)   |  |  |  |
|--|--|--|--|
| (Address)  |  |  |  |
| (Address)  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |
| (Business Entity Name)   |  |  |  |
| (Document Number)  |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |
| Special Instructions to Filing Officer:  |  |  |  |
| Image corrected to reflect RA as irma ,LLC can not serve as its own RA. js 8/26/16 |  |  |  |
|  |  |  |  |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE. I LORID!

S. YOUNG

AUG 12 2016 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2016

IRMA BOTIER 1500 OCEAN DRIVE #403 MIAMI BEACH, FL 33139

SUBJECT: GOOD FOCUS, LLC Ref. Number: L11000030259

We have received your document for GOOD FOCUS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 916A00015143

2015 AUG -5 PM 3: 47

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |          |          |  |  |
|--|---|----------|----------|--|--|
| SUBJECT: Good Focus Name of Lin  | nited 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:  |   |          |          |  |  |
| Irma Botier Name of Person   |   |          |          |  |  |
| Good Focus LLC Firm/Company  |   | 16 JUL   | STURETA  |  |  |
| 1500 Ocean Dr # 4  | 63  | 15 FH 3: | 3551.11. |  |  |
| Miami Beach FL 33139 City/State and Zip Code   |   |          |          |  |  |
| Projectiventures 24 @ yahoo. wm<br>E-mail address: (to be used for future annual report notification)  |   |          |          |  |  |
| For further information concerning this matter, please c   | all:  |          |          |  |  |
| Irma Botien at (   | 786 389 2217 Area Code & Daytime Telephone Number   | r        |          |  |  |
| 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)

## 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                                 | ame of the limited liability company: Good Focus   | S LLC  |
|---------------------------------------|--|--|
| 2. (a)                                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Miamu Beach  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
| 3.                                    | F L 33139  3/11/2011  Date of filing/registration in Florida  4.   | 11000030259<br>Document number   |
| 5. (a)                                | Corporation Service Company Registered Agent and Registered Office shown on the records of the Florida Dept. of State  1201 Hays St.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   | TALLAHACSE<br>TALLAHACSE   |
| (b)                                   | Enter name of NEW Registered Agent and/or NEW Registered Office address:   | PH 3: 23   |
|                                       | 1500 Ocean Dr.  NEW Registered Office Address:  Mianu Beach 4  , FL 33139  |  |
| the charagent was/w<br>the art        | limited liability company is not organized under the laws of the State of F ange or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liability company is cicles of organization or the operating agreement of the limited liability company. | se and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| provis<br>the ob<br>to mer<br>notifie | eby accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address, I hereby confirm that are in writing of this change.  | pacity. I further agree to comply with the   |