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EXAMINER

CORPORATE ACCESS, __.

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INC.

236 East 6th Avenue . Tallahassee, Florida 32303

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COVER LETTER

Division of Corporations	
God & Family, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Erika Easter	
Name of Person	
eResidentAgent, Inc.	
Firm/Company	
12121 Wilshire Boulevard, Suite 1201	122
Address	
Los Angeles, CA 90025	
City/State and Zip Code	
filings@eminutes.com	• •
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Erika Easter	212 772-7770
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	nt:
□ \$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	ume of the limited liability company: God & Family	y, LLC						
2. (a)	10960 Wilshire Boulevard, 5th Floor	((b)	10960 V	Vilshire B	oulev	ard, 5tl	h Floor
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	7	Mailing addres (Note: MA			
	Los Angeles, CA 90024		-	Los Ang	eles, CA	9002	4	
			-		. .			
	08/26/2011	_		_110000	98515		· · · · · · · · · · · · · · · · · · ·	
3.	Date of filing/registration in Florida	4.			Document	numb	er	
5. (a)	Gordon & Rees, LLP				_			
	Registered Agent and Registered Office shown on the records of	the Floric	da E	Pept. of State	e:			
	200 S Biscayne Blvd., 4300				_			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>(S)</u>					
					-	•	291	
	Miami . FI	33131	1					* *-
	, , ,				-		i	*
(b)	eResidentAgent, Inc.				_	•	10	-,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddr	ess:).	
	236 E 6th Ave.							
	NEW Registered Office Address:				-		ÇI I	
	Tallahassee	33303			-			
	, FI	32303			_			
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reg ability c of the lir	iste con mit	ered office apany, it is ed liabilit	e and the bus hereby con yearny a	siness nfirme	office o	of the registered te change(s)
		Eri	ika	Easter				
~	ture of a member or authorized representative of a member				Printed or ty			
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	ct i nar Ch con	n this cape ice of my apter 605 ifirm that	acity. I furi duties, and i, F.S. Or, i the limited	her ag I am fa I this d liabili	gree to c amiliar v documer ty compa	omply with the with and accept at is being filed any has been

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

Signature of Registered Agent