

L12000068659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN 31 PM 3:16

C. LEWIS
Feb. 1 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2013

IRENE COLETTI
7770 NW 56TH PLACE
OCALA, FL 34482

SUBJECT: GODRIC, LLC
Ref. Number: L12000068659

We have received your document for GODRIC, 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.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00001277

COVER LETTER



Registration Section
Division of Corporations

SUBJECT:

GoDric 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:

Irene Cohetti

Name of Person

GoDric LLC

Firm/Company

7770 NW 56 PL

Address

Ocala FL 34482

City/State and Zip Code

MORNINGMISS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irene Cohetti

Name of Person

at (Cell)

352-817 3222

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

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: GoDac LLC

2. (a) Principal office address of limited liability company: 7770 NW 56^{PL}
(Note: **MUST BE STREET ADDRESS**) OCALA FL 34482

(b) Mailing address of limited liability company: 7770 NW 56^{PL}
(Note: **MAY BE POST OFFICE BOX**) OCALA FL 34482

MAY 21, 2012
3. Date of filing/registration in Florida

L 12000068659
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Irene Coletti

Registered Office Address:

7770 NW 56^{PL}
OCALA FL 34482

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

GABRIEL RISPO

NEW Registered Office Address:

7804 SW 8th ST

(**MUST BE FLORIDA STREET ADDRESS**)

OCALA FL
34474, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Irene Coletti
Signature of a member or authorized representative of a member

Gabriel Rispo
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Gabriel Rispo
Signature of Registered Agent

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