## Uaccon 6

| (Re                                     | questor's Name) |             |  |  |  |  |
|---|-----------------|-------------|--|--|--|--|
| (Address)                               |                 |             |  |  |  |  |
| (Ad                                     | dress)          |             |  |  |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |  |  |
| PICK-UP                                 | WAIT            | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                 |             |  |  |  |  |
| (Document Number)                       |                 |             |  |  |  |  |
| Certified Copies                        | _ Certificates  | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |  |  |
|   |                 |             |  |  |  |  |
|   |                 |             |  |  |  |  |
|   |                 |             |  |  |  |  |

Office Use Only



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SECRETARY OF STATE TALL AHASSEE FLORIDA

JAN 1 8 2017 S. YOUNG

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: GOOD TO BE FREE LLC  | GOOD TO BE FREE LLC  |  |  |  |  |
| Name o  | 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 m                    | natter to the following:                                       |  |  |  |  |
| JEAN-LUC FRANCHELL  |  |  |  |  |  |
| Name of Person  | National Base Conference and Apply Anglescopes                 |  |  |  |  |
| Firm/Company  |  |  |  |  |  |
| 2359 Railroad St. #2707   | ***************************************                        |  |  |  |  |
| Address   |  |  |  |  |  |
| Pittsburgh, PA 32701  |  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |  |
| goodtobefreellc@gmail.com   | ·  |  |  |  |  |
| E-mail address: (to be used for future annual                         | report notification)   |  |  |  |  |
| For further information concerning this matter, ple                   | ase call:  |  |  |  |  |
| JEAN-LUC FRANCHELL  | 505 934-5297   |  |  |  |  |
| Name of Person  | Area Code & Daytime Telephone Number                           |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations |  |  |  |  |
| Clifton Building  | P.O. Box 6327  |  |  |  |  |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301            | 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 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. N                               | ame of the limited liability company: GOOD TO B   | E FREI  | ELLC  |   |   |
|------------------------------------|---|---|---|---|---|
| 2. (a)                             |   |   |   |   |   |
|                                    | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | -   | Mailing address of limited liability comp   |   |
|                                    | 7962 Monterey Bay Dr  |   | 2359 R  | ailroad St. #2707   |   |
|                                    | Jacksonville FL 32256   | <del></del>   | Pittsbur  | gh PA 32701   |   |
|                                    | 06/08/2012  |   | L120000   | 76922   |   |
| 3.                                 | Date of filing/registration in Florida  | 4.  | *******   | Document number   |   |
| 5. (a)                             | •   |   |   |   |   |
| J. (a)                             | Registered Agent and Registered Office shown on the records of  | the Florid  | a Dept. of Stat   | <del></del>   |   |
|                                    | FRANCHELL, JEAN-LUC   |   |   |   |   |
|                                    | Registered Office Address <u>(MUST BE FLORIDA STREET</u>  | ADDRESS   | 52  |   |   |
|                                    | 624 Pershing Dr   |   |   | 77.   | SEC.  |
|                                    | Altamonte Springs , FI  | 32701   |   |   | AHAS  |
|                                    |   |   |   | <u> </u>  | 111:5   |
| (b)                                |   |   | <u>.</u>  |   |   |
|                                    | Enter name of NEW Registered Agent and/or NEW Registered  | l Office nd   | dress:  | œ.  |   |
| •                                  | Business Filings Incorporated   |   |   | -<br>-  | : 3F  |
|                                    | NEW Registered Office Address;  |   |   |   |   |
|                                    | 1200 South Pine Island Road   |   |   | •••   |   |
|                                    | Plantation  | 33334   |   |   |   |
| •                                  | Plantation FI   | , <u>33324</u>                                      |   | Ma.   |   |
| the cha<br>agent was/we<br>the art | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the | f the regi<br>lability co<br>of the line<br>limited | stered offic<br>ompany, it i<br>nited liabilit<br>liability cor | e and the business office of the re<br>is hereby confirmed that the chang<br>ty company or as otherwise providen<br>inpany. | gistered<br>ge(s)   |
|                                    | em la la de   | JE  | AN-LUC  | FRANCHELL   | Production of the State of the |
| Signa                              | dure of a member or authorized representative of a member   |   | _   | Printed or typed name of signee   |   |
| provisi<br>the obt<br>to mer       | by accept the appointment as registered agent and ag-<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I<br>d in writing of this change.          | r perform<br>ed for in (<br>hèreby c                | ance of my<br>Thapter 60.<br>onfirm that                        | anties, and 1 am janutur with an<br>5, F.S. Or, if this document is held<br>the limited lightlity company has               | a accept<br>ng filed<br>heen  |
| Signatu                            | d'in writing of this change.<br>My Spalinger, Asst. Sec. For of kegingred Agent   | ir Bu   | siness  | s filings Incorporal  | <b>W</b>  |