L14000044850

(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:				
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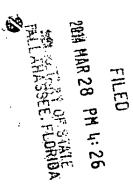
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RA change

03/28/14--01015--006 **25.00



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Goodfellas Cabaret, LLC SUBJECT:			
	e of Limite	d Liability Company	
Dear Sir or Madam:	4	•	
The enclosed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to	the following:	
William S Hendrix			
Name of Person			
Bailey Hendrix and Barron General Par	tnership		
Firm/Company		- 	
3535 St Johns Bluff Road			
Address			
Jacksonville/FI 32224			
City/State and Zip Code			
hshent1@aol.com			
E-mail address: (to be used for future annu	ual report n	otification)	
For further information concerning this matter,	please call:		
William S Hendrix	904	641-0414	
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 A Hr. Luc Yardos sour 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. N	ame of the limited liability company: Goodfellas Ca	abaret, LLC			
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3535 St Johns Bluff Road				
	Jacksonville, Fl 32224				
		L14	000044850		
3.	Date of filing/registration in Florida	- 4.	Document number		
5. (a)	03/18/2014		t. of State:		
5. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	The Casey Firm, PLLC	FIL R2			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
	630 West Adams Street Suite 204	F. 3			
	Jacksonville	32084			
	, rL				
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	:		
	William S Hendrix				
	NEW Registered Office Address:				
	3535 St Johns Bluff Road				
	Jacksonville , FL	32224			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the registered bility compaints of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Qiono	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	ee to act in th	his capacity. I further garge to comply with the		