T14000133387

(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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S. WARREN AUG 1 5 2017

	0 + a 0 +	COYE	ER LETTER 1					
	ration Section on of Corporations							
SUBJECT:	SOMEPLACE GOOD LLC							
_	Name of Limited Liability Company							
Dear Sir or Ma	adam:							
The enclosed F	Registered Agent/Registered Office	Change	e and fee(s) are submitted for filing.					
Please return a	Il correspondence concerning this i	matter to	o the following:					
JB ROTH								
<u></u>	Name of Person							
ROTH LAW	FIRM PL							
	Firm/Company							
6100 GREE	NLAND RD., SUITE 604							
	Address		 					
IACKSONV	/ILLE, FL 32258							
	City/State and Zip Code							
IB@ROTHI	_AWFIRM.NET							
•	idress: (to be used for future annua	l report r	notification)					
For further info	ormation concerning this matter, pl	ease call	l:					
JB ROTH		904 at ()					
	Name of Person		Area Code & Daytime Telephone Number					
	ET/COURIER ADDRESS:	MAILING ADDRESS:						
-	ration Section	Registration Section						
	on of Corporations		Division of Corporations					
	Building		P.O. Box 6327					
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314					
Enclos	sed is a check for the following ar	nount:						
2 \$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	me of the limited liability company:	SOMEPLACE	GOOD	LLC		
2. (a)	445 OCEAN FOREST DRIVE	(b) 44 5 O			CEAN FOREST DRIVE	
()	Principal office address of limited lia (Note: MUST BE STREET A		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ST. AUGUSTINE, FL 32080		_	ST. AU	GUSTINE, F	L 32080
	08/06/2014		_	L14000	123287	
3.	Date of filing/registration in	Florida	4.		Document nu	mber
5. (a)	ROTH LAW FIRM PL					
). (u)	Registered Agent and Registered Office show	vn on the records of th	e Florida	Dept. of Stat	te:	
	234 CANAL BLVD					17
	Registered Office Address (MUST BE F.	_	AUG F			
	SUITE 2					· 三 三
	PONTE VEDRA BEACH	, FL_	32082		_	- 54 -1 (11
(b)	ROTH LAW FIRM PL	NAME OF THE PARTY			_	AMIL: 16
	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered (</u>	mice add	iress:		
		_				
	NEW Registered Office Address: SUITE 604					
	JACKSONVILLE		32258		-	
the cha agent v was/we	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a Fore authorized by an affirmative vote clessof organization or the operating a	street address of t Florida limited lial of the members of	he regis bility co the lim	tered offic mpany, it i ited liabili	e and the busir is hereby confit ty company or	ness office of the registered rmed that the change(s)
						REPRESENTATIVE
- \	are of a member or authorized representative					name of signee
provisi the obl to mere	by accept the appointment as register ons of all statutes relative to the proping the proping at the proping at the proping at the registered of the proping at the registered of the proping of this change.	ed agent and agre ver and complete p agent as provided office address, I h	e to act performa for in C ereby co	in this cap ince of my hapter 60, onfirm that	pacity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree to comply with the m familiar with and accepts of the document is being filed bility company has been

Signaturum Registered Agent