L14CCC 133287

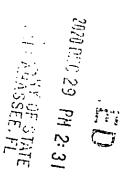
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO: Registration Section Division of Corporations	
SOMEPLACE GOOD LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The euclosed Registered Agent/Registered Office Change as	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	te following:
STEVEN KOCERKA	
Name of Person	
Firm/Company	
445 OCEAN FOREST DRIVE	
Address	
ST. AUGUSTINE, FL 32080	
City/State and Zip Code	
STEVEN@DECLARATIONCO.COM	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
STEVEN KOCERKA at (3306057454
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	SS criting 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. 1	Name of the limited liability company: SOMEPLACE (GOOD	LL						
2. (a	445 OCEAN FOREST DRIVE			, 445 OCE	`				
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>.</u>	,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	ST. AUGUSTINE, FL 32080			ST. AUGU	USTINE, FL 320	080			
	08/06/2014			L1 4000123 2	287				
3.	Date of filing/registration in Florida	4.	•		Document nur	mber			
5. (a	ROTH LAW FIRM PL								
(-	Registered Agent and Registered Office shown on the records of 6100 GREENLAND ROAD	f the Flo	orida	Dept. of Stat	te:				
	Registered Office Address (MUST BE FLORIDA STREET SUITE 604	ADDR	223	2			207		
	JACKSONVILLE , F	L 3225	8		_	-	2020 DEC	3	
(b)	STEVEN KOCERKA		•		_) }****	29	; ;	
(0)	Enter name of NEW Registered Asset and/or NEW Registere	d Office	adı	irm:	_	38 1986 1986	PH	TT	
	445 OCEAN FOREST DRIVE					STAT	2:3		
	NEW Registered Office Address:				-	1.1	_		
	ST. AUGUSTINE , F) 		<u>-</u>				
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e regist ability of the l limite	cor limi d li	d office and upany, it is ted liability ability com	d the business of thereby confin to company or a	office of the	registe	red •(e)	
Signa	Signature of a member or authorized representative of a member				Printed or typed name of signee				
provis the ob to mer notifie	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my provide as registered agent as provide ety reflect a change in the registered office address, I din writing of this change	ree to a perfor id for it hereby	act i ma n Co co	in this capa nce of my a hapter 605 nfirm that i	noite I Gardhau	armen to arm		ith the accept g filed een	
Signati	ne of Registered Agent								