

L16 000052166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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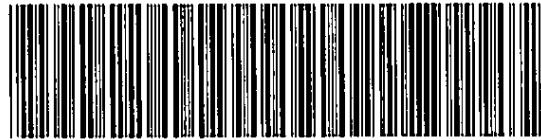
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Thumbs Up, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000052166

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY GOODELL
Name of Person

4 Thumbs Up, LLC
Name of Firm/Company

1880 SE Federal Highway
Address

Stuart, FL 34994
City/State and Zip Code

GOODELL027@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY GOODELL at (561) 389-4263
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Name of the limited liability company: 4 Thumbs Up, LLC

2. (a) 1880 SE Federal Hwy (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Stuart, FL 34994 _____

3. 3/14/2016 4. L16000052166
Date of filing/registration in Florida Document number

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

1880 SE Federal Hwy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Stuart, FL 34994

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

1880 SE Federal Hwy
NEW Registered Office Address:

Stuart, FL 34994

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.

[Signature]
Signature of a member or authorized representative of a member

SCOTT COLTON
Printed or typed name of signee

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 605, 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.

[Signature]
Signature of Registered Agent

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