

L16000083537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

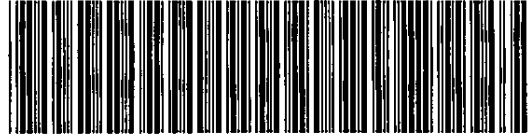
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286982579

06/28/16--01016--016 **55.00

FILED
2016 JUN 27 PM 11:25
TALAHASSEE, FLORIDA
SECRETARY OF STATE

JUN 28 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GODS PLANS LLC

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 matter to the following:

MELISSA ANTEOLA

Name of Person

GODS PLANS LLC

Firm/Company

P.O. BOX 961541

Address

MIAMI/FLORIDA 33296

City/State and Zip Code

BOUNCEGROUP16@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA ANTEOLA

310

801-7982

at (_____) _____

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
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

FILED
2016 JUN 27 P 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

GODS PLANS LLC

1. Name of the limited liability company: GODS PLANS LLC
2. (a) 25232 SW 122 COURT HOMESTEAD, FL 33032 (b) P.O. BOX 961541 MIAMI, FL 33296-1541

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

25232 SW 122 COURT

HOMESTEAD, FL 33032

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 961541

MIAMI, FL 33296-1541

04/28/2016

L16000083537

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

QUINCY DOUBY 5227 SW 149 PLACE MIAMI, FL 33185

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5227 SW 149 PLACE MIAMI, FL 33185

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5227 SW 149 PLACE

MIAMI

33185

FL

25232 SW 122 COURT HOMESTEAD, FL 33032

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

25232 SW 122 COURT HOMESTEAD, FL 33032

NEW Registered Office Address:

25232 SW 122 COURT

HOMESTEAD

33032

FL

FILED
2016 JUN 27 P 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

MELISSA ANTEOLA

Signature of a member or authorized representative of a member

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00