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. COVER LETTER

Division of Corporations	
SUBJECT: THE GOLDBERG	ER GROUP LLC ne of Limited Liability Company
Nan	te of Entitled Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
William Golnberger Name of Person	
Firm/Company	
\$11 Hammockwood Court	
SARASOTA FL 34232 City/State and Zip Code	
(941) 284 -0942	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
William Golobergen Name of Person	at (<u>941</u>) <u>284 – 094 Z</u> 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

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:	E 60	Loberger	1 GISOUP L	.LC	
		811 Hammockwood Court Saasota, Fu Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		4222	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3. 5.	(a)	Aug 24, 2016 Date of filing/registration in Florida United STATES Corponation	_		_160001 58 Document numbe		
		Registered Agent and Registered Office shown on the reco	ate:	がとれて			
(b)	(b)	Tampa William Goldbergen Enter name of NEW Registered Agent and/or NEW Regis	<u>. </u>		<u>3</u> 612 -	TING 24 AH 10: 50 DIVISION OF CONCESSIONS	
		811 Hammockwood Count NEW Registered Office Address:			_	ş.,	
		SARASO TA	FL <i>j²</i>	=L	_ _34232		
the age was	cha nt w s/we	mited liability company is not organized under tage or changes are made, the Florida street addressell be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the ited liabili bers of the	registered offi ty company, it c limited liabil	ce and the business is hereby confirme- ity company or as o	office of the registered d that the change(s)	
		ure of a member or authorized representative of a member		•	Printed or typed nan	er	
						•	
pro the to i not	visie obli nere ifica	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pr ly reflect a change in the registered office addre I in writing of this change.	id agree to iplete perf ovided for ess, I here	o act in this ca formance of m in Chapter 60 by confirm tha	pacity. I further ag y duties, and I am fa 05, F.S. Or, if this a ut the limited liabilit	ree to comply with the miliar with and accept locument is being filed 'y company has been	
Sig	natur	re of Registered Agent	_				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00