## 11700001065

(Requestor's Name)			
(Address)			
(Address)			
(Ci)	ty/State/Zip/Phone	- #)	
(C.	.,, o 1010,,p.	,	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
•	·	·	
(Document Number)			
(50	outhern Humbery		
0.45.10.3	S (7)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
1			





700305386837

11/09/17--01018--016 \*\*25.00

THE PH 2: 10

O SIMMONS NOV 1 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GOODTSY LLC		
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Gregg Kleinman		
Name of Person		
Goodtsy LLC		
Firm/Company		
7727 Southampton Terrace, Apt #F304	1	
Address		
Tamarac, FL 33321		
City/State and Zip Code		
gregg.kleinman@hotmail.com		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter.	please call:	
Gregg Kleinman	954 579-2021	
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	
INUICEO (2/13)		

## 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.

	of the limited liability company: Goodtsy LLC  Gregg Kleinman		Gregg Kleinman		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
			7727 Southampton Terrace, Apt #F304		
	Tamarac, FL 33321	_	Tamarac, FL 33321		
	01/26/2017		L17000020665		
	Date of filing/registration in Florida	4.	Document number		
. (a)	Gregg Kleinman				
. ((1)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	Gregg Kleinman				
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS	2		
	8077 Ironstone Drive		5 8 T		
	Delray Beach , FL	33446	THE E		
(b)	Gregg Kleinman				
, , ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	Iress:		
	Gregg Kleinman				
	NEW Registered Office Address:	-			
	7727 Southampton Terrace, Apt #F304				
	Tamarac , FL	33321			
ne cha gent v as/we ne arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	`the regis ability co of the lim limited l	stered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		

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