17000/65216

| (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



800317287878

08/20/18--01027--009 **55.00

18 AUG 20 PW 4: 34

TAIL ANA SSEE FLORIDA

AUG 2 5 2018

S. YOUNG

COVER LETTER

| | 001131 | | |
|--|---------------|---|---|
| TO: Registration Section Division of Corporations | | | |
| THE ALL GOODNESS COM | PANY, LL | .C | |
| | of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office | e Change a | nd fee(s) are submitted for filing. | |
| Please return all correspondence concerning this | matter to the | he following: | |
| JOANNE G DIAZ | | | |
| Name of Person | | | |
| Five/C | | | |
| Firm/Company | | | A 18 |
| 2814 SAINT BARTS SQ | | | |
| Address | | | 20 ASSE |
| VERO BEACH, FL 32967-7574 | | | FILED AUG 20 PN 4: 34 (A) ASSEE/FLORIDA |
| City/State and Zip Code | | | |
| joannegdiaz@zoho.com | | | <i>></i> * |
| E-mail address: (to be used for future annu | al report no | otification) | |
| For further information concerning this matter, p | olease call: | | |
| JOANNE G DIAZ | 305 _ at (| 588-7519) | |
| Name of Person | | Area Code & Daytime Telephon | ie 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 | |

■ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

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

| . (a) | | | (b) | | | |
|------------|---|--|------------|---|---------|----------------|
| | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | iny: | 1 | Mailing address of lim **ENote: MAY BE P | • | |
| | 2814 SAINT BARTS SQ | | 2814 SA | AINT BARTS S | | <u>,,,,,</u>) |
| | VERO BEACH, FL 32967-7574 | | | BEACH, FL 329 | | |
| | 08/02/2017 | | L1700016 | 35216 | | |
| 3 . | Date of filing/registration in Florida | 4, | | Document number | er | |
| i. (a) | JOANNE G DIAZ | | | | | |
| | Registered Agent and Registered Office shown on the rec | | · | e: - | | |
| | Registered Office Address (MUST BE FLORIDA ST 1845 SEVILLE BLVD, #612 | REET ADDRE | <u>SS)</u> | e: - | TALLA | |
| | Registered Office Address (MUST BE FLORIDA ST 1845 SEVILLE BLVD, #612 NAPLES | | <u>SS)</u> | e: - - | LLAHASS | F1LE |
| (b) | Registered Office Address (MUST BE FLORIDA ST 1845 SEVILLE BLVD, #612 | ************************************** | 9 | e: - - | AUG 20 | F1LE |
| (b) | Registered Office Address (MUST BE FLORIDA ST 1845 SEVILLE BLVD, #612 NAPLES JOANNE G DIAZ | ************************************** | 9 | - - - | LLAHASS | 5 7 |
| (b) | Registered Office Address (MUST BE FLORIDA ST 1845 SEVILLE BLVD, #612 NAPLES JOANNE G DIAZ Enter name of NEW Registered Agent and/or NEW Registered Agent | ************************************** | 9 | e: - - | AUG 20 | F1LE |

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.

JOANNE G DIAZ

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 hability company has been notified in writing of this chapte.

Transfure of Registered Agent