L17000 165 216

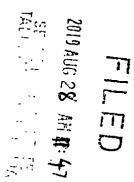
(Reque	stor's Name)					
(Addres	s)					
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(City/St	ate/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Busine	ss Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						





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Y SULKER AUG 29 2019





August 16, 2019

THE ALL GOODNESS COMPANY, LLC 3555 HERON COVE CT BONITA SPRINGS, FL 34134-0911

SUBJECT: THE ALL GOODNESS COMPANY, LLC

Ref. Number: L17000165216

We have received your document for THE ALL GOODNESS COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00016942

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJ	THE ALL GOODNESS COM	1PANY, LLC						
.50150	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	s matter to the	e following:					
4AOL	INE G DIAZ							
	Name of Person							
-	Firm/Company							
3555	HERON COVE CT.							
	Address							
BONI	TA SPRINGS, FL 34134-0911							
	City/State and Zip Code							
joann	egdiaz@zoho.com							
E	-mail address: (to be used for future ann	ual report noti	ification)					
For fur	ther information concerning this matter.	please call:						
JOAN	INE G DIAZ	305 at (2136145					
	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	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314						
	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee	<u> </u>	☐ \$55 Filing Fee & Certified Copy					

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. N	ame of the limited liability company: THE ALL GOO	ODNI	ES	S COM	PANY, LLC			
2. (a)	Principal office address of limited liability company:				Mailing address of limited liability company:			
	(<u>Note: MUST BE STREET ADDRESS)</u> 3555 HERON COVE CT.			3555 H	<u>Note: MAY BE</u> ERON COVE		<u>ICE BO</u>	<u>X</u>)
	BONITA SPRINGS, FL 34134-0911			 -	A SPRINGS, FL 34134-0911			
	08/02/2017		L	.170001	65216			
3.	Date of filing/registration in Florida	4,			Document num	ıber	 -	
5. (a)	JOANNE G DIAZ							
J. (4)	Registered Agent and Registered Office shown on the records of the	he Flori	da [Dept. of Stat	- te:			
	Registered Office Address (MUST BE FLORIDA STREET A 2814 SAINT BARTS SQ				- F.c.	201		
	VERO BEACH FL				-		2019 AUG	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>				-		28 MH 18: 47	
	NEW Registered Office Address:				_	5	7	
	3555 HERON COVE CT.				-			
	BONITA SPRINGS FL	34134	1-0	911	_			
he char ngent w vas/we he artic signation I hereb provision he obli	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable of a member or authorized representative of a member of all statutes relative to the proper and complete pagations of my position as registered agent as provided	he regoility of the linited JO	iste nite lia AN	ered office pany, it is ed liability bility con NNE G E a this capa ce of my c	e and the busines is hereby confirming company or as appany. DIAZ Printed or typed national control of the co	s office o ed that the otherwise me of signe gree to co familiar	f the re e chang provid	gistered ge(s) led in
o mere otified	Tyreflect a change in the registered office address. I he writing of this change.	ireby c	on)	firm that i	the limited Itabili	ity compa	ny has	been
- Transiture								
	Division of Corporations• P.O. Bo FILING FEI				see, FL 32314			