

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			





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10/04/18--01020--006 **25.00

FILL TO 5:55

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October 19, 2018

TATIANNA DAVIS 238 N STATE RD 7 MARGATE, FL 33063

SUBJECT: GUD GIRL GONE BAD LLC

Ref. Number: L18000019714

We have received your document for GUD GIRL GONE BAD 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):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00021463

COVER LETTER

. TO: Registration Section

NHS18 (2/14)

Division of Corporations							
Gud Girl Gone Bad	Gud Girl Gone Bad						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	ice Change and fee(s) are si	abmitted for filing.					
Please return all correspondence concerning th	is matter to the following:						
Tatianna Davis		_ **	co.				
Name of Person	 	•	* **				
Gud Girl Gone Bad			بعس مس ا				
Firm/Company							
238 N State Rd 7			iù D				
Address		.•	ੰਗ				
Margate FL 33063							
City/State and Zip Code							
gudgirlgone@gmail.com							
E-mail address: (to be used for future and	ual report notification)						
For further information concerning this matter	please call:						
Tatianna Davis	754 205-54	430					
Name of Person		e & Daytime Telephone Numb	- er				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations					
Enclosed is a check for the following	amount:						
☑ \$25 Filing Fee	S55 Filing Fe	e & 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. Na	ame of the limited liability company: Gud Girl Gor	ne Bad L	.LC		<u>.</u>	
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		۸	Mailing address of limite (Note: MAY BE POS	ed liability c	ompany:
	238 N State Rd 7		238 N St	tate Rd 7		
	Margate FL 33063		Margate	FL 33063		- M
	01/22/18		L180000	19714		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Tatianna Davis					
J. (a)	Registered Agent and Registered Office shown on the records of	t the Florida	Dept. of State	;:		
	Registered Office Address (MUST BE FLORIDA STREET) 4120 Pine Green	'ADDRESS	2	- ,	1 177	11
	Lake Worth . F	33467		-	່ ນ ດ	
(b)	Jada Ware Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:		ર ગ ગ	ر.
	NEW Registered Office Address:			-		
	238 N State Rd 7			-		
	Margate . F	L_33063		_		
the cha agent was/w	limited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability of the limited.	stered office impany, it is sited liability	e and the business o s hereby confirmed y company or as oth	office of the cl	ic registered hange(s)
(Signa	ature of a member or authorized representative of a member		 	Printed or typed name	of signee	
I here provis the ob- to me	by accept the appointment as registered agent and agions of all statutes relative to the proper and completed light in the proper and completed light in the proper and completed light in the proper agent as provided in the reflect a change in the registered office address, led in writing of this change.	gree to act e perform ed for in (hereby c	t in this cape ance of my o Chapter 605 onfirm that	acity. I further agr. duties, and I am far 5, F.S. Or, if this do the limited liability	ee to comp niliar with ocument is company	ply with the and accept being filed has been
Signati	are of Registered Agent					

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