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COVER LETTER

Division of Corporations
SUBJECT: GOO-SCAPES LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johna Doxforder (AR) Name of Person
Firm/Company
POBOX 1610, 7+ Myers FL 33902 Address
TT M Vers FL 33902 City/State and Zip/Code
voa Goria de la companya de la compa
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua (239) 308 6769 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Division of Corporations Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$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.

1. Na	ame of the limited liability company: <u>GTFO -SCAPES LLC</u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) FT Myers FL 33905 FT Myers FL 33905
3. 5. (a)	Date of filing/registration in Florida L 18000059227 Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1690 Silver Pantfur LN Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FT MYCS FL 33 FOR MYCS , FL 33913
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 390 Micamar Rd NEW Registered Office Address:
the cha agent y was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. A A A A A Description of the operating agreement of the limited liability company.
provisi the obli to mere notified	Dy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed living in the fee in the fee istered office address, I hereby confirm that the limited liability company has been in writing of this change the fee of Registered Agent Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00