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COVER LETTER

Division of Corporations					
SUBJECT: Goodotek LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	is matter to the following:				
Dmitrii Savin					
Name of Person					
Goodote LLC					
Firm/Company					
2011 Flagler Ave. Suite #38					
Address					
Key West, FL, 33040					
City/State and Zip Code					
d.savin@goodotek.com					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
Dmitrii Savin	305 5099500				
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				

> 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 a	me of the limited liability company: Goodotek LLC			
2. (a)	2011 Flagler Ave. Suite #38	(b) 2011 Flagler Ave. Suite #38		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Key West, FL, 33040	-	Key Wes	st, FL, 33040
	03/08/2018	-	L1800006	1536
3. 5. (a)	Date of filing/registration in Florida Dmitrii Savin	4.		Document number
. (4)	Registered Agent and Registered Office shown on the records of the 1107 KEY PLAZA #120	e Florida	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET AD Key West	ODRES.	<u> </u>	2018 HAY SECRETA TALLAHAS
	, FL 3	33040)	HAY -
(b)	Dmitrii Savin			# F F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ad	dress:	ORIO
	2011 Flagler Ave. Suite #38 NEW Registered Office Address:		<u> </u>	
	Key West			
	, FL 3	3040		
he cha igent w vas/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab	ne regi ility co the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Dm	itrii Savin	
l herel provisi he obli o mere	over of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided justion of my position are registered office address, I he is writing of this charge.	e to ac. erform for in (reby c	t in this capa ance of my o Chapter 605 onfirm that i	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent