## 119000148078

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(Address)			
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D. BRUCE AUG 12 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: DOING SOMM GOO	os LLC	
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
DANIEL ROGENSKI Name of Person		
DOING SOMM GOOD LLC Firm/Company		
Firm/Company		
9425 SW 53 <sup>nd</sup> STNEET Address		
Coopen City, FL 33328 City/State and Zip Code	TAL	7070 IIIN 26
City/State and Zip Code	LA	
into a doing Sommagood, com Email address: (to be used for future annual report	ζე <sup>-1</sup> -	र च्या करूत करूत संस्था
	t notification)	y S
For further information concerning this matter, please ca	را براند. م المرابع	2
DANIEL ROGENSKI al (6	603,820-2896	
Name of Person	Area Code & Daytime Telephone Number	•
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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. Name of the limited liability company: DOING	SOMM GOOD LLC	_
2. (a) 9425 SW, 53 <sup>nd</sup> STRECT	(b) 9425 SW 53725	TACT
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of l	imited liability company: POST OFFICE BOX)
Coopen City FL	Coopen City	
33328	33328	
3. Date of filing/registration in Florida	4. Document num	ber
5. (a) UNITED STATES COMPONATION AGE.	UTS INC.	
Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:	
5575 S. SEMORAN BLUD S	UITE 36	
Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)	
	<del></del>	
ONLANDO FL	32822	
(b) NNICL I OGENSK!  Enter name of NEW Registered Agent and/or NEW Registered O	Mine address.	2021 SEC
	duce address:	FECRETALLA
9425 SW 53 <sup>nd</sup> STREET		N 26
NEW Registered Office Address:		<u>د د د د د د د د د د د د د د د د د د د </u>
		PH 5:
Cooper City, FL	33328	9: 20 FLE
If the limited liability company is not organized under the laws	of the State of Floridal it is bereby	v confirmed that after the
change or changes are made, the Florida street address of the re	egistered office and the business of	ffice of the registered
agent will be identical. Or, in the case of a Florida limited liab 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 lin		~/-
Signature of a member or authorized representative of a member	ANICE COGENS Printed or typed na	ame of signee
I hereby accept the appointment as registered agent and agree	to act in this canacity. I further a	umaa to commbo with tha
provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided f to merely reflect a change in the registered office address, I he	rformance of my duties, and I am for in Chapter 605, F.S. Or, if this reby confirm that the limited liabil	familiar with and accept document is being filed ity company has been
notified in writing of this change.  ANTER ROGEN		
C:	.1	

Signature of Registered Agent