## L200000 41999

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
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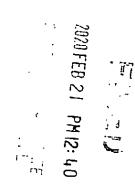
Office Use Only



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## **COVER LETTER**

| FO: Registration Section Division of Corporations  |  |
|--|--|
| Go Enjoy Explore, LLC SUBJECT:   |  |
| Name of Lim  | 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  | to the following:  |
| Dulce Noguera  |  |
| Name of Person   |  |
| GO EXPLORE AND ENJOY, LLC  |  |
| Firm/Company   | <del></del>  |
| 7512 Hispanola Ave   |  |
| Address  |  |
| North Bay Village, Fl. 33141   |  |
| City/State and Zip Code  |  |
| shdecorato@gmail.com   |  |
| E-mail address: (to be used for future annual repo   | rt notification)   |
| For further information concerning this matter, please c   | all:   |
| Dulce Noguera 30   | 05 807-6738  |
| Name of Person   | Area Code & Daytime Telephone Numbe  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amoun  | t:   |
| ■ \$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.                              | Na                                      | me of the limited liability company:  | D EN                                 | JOY, 1                                 | .I.C<br>- <del></del> -                       |  |   |   |                                      |
|---------------------------------|---|---|--------------------------------------|--|---|--|---|---|--------------------------------------|
| 2.                              | (a)                                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Sharlin Decorato  | (b)                                  |  |   |  |   |   |                                      |
|                                 |   | 7512 Hispanola Ave North Bay Village 33141  | _                                    |  |   |  |   |   |                                      |
|                                 |   | 02/04/2020  |                                      | 1.20                                   | 00004193                                      | 39   |   |   |                                      |
| <ul><li>3.</li><li>5.</li></ul> | (a)                                     | Date of filing/registration in Florida Sharlin Decorato   |                                      |  |   | Document nui   | mber  |   |                                      |
|                                 |   | Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A)   |                                      |  | t, of State:                                  | :  |   |   |                                      |
|                                 |   | North Bay Village   | 33141                                |  |   |  | •   | 2020  |                                      |
| (                               | (b)                                     | Dulce Noguera  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>   | Office :                             | addres                                 | <u> </u>                                      |  |   | 2020 FEB 21 PM                                    |                                      |
|                                 |   | NEW Registered Office Address: 7512 Hispanola Ave   |                                      |  |   |  | 1   | PH 12: 40   |                                      |
|                                 |   | North Bay Village , FL  | 33141                                |  |   |  |   |   |                                      |
| cha<br>age<br>wa                | ange<br>ent v<br>is/we                  | imited liability company is not organized under the laws<br>or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the li | egiste<br>pility of<br>the li        | ered of<br>compa<br>imited             | ffice and<br>iny, it is<br>liability          | the business hereby confir company or :                                  | office of t<br>med that                               | the registe                                       | red<br>e(s)                          |
|                                 | igna                                    | ture of a member or authorized representative of a member   | _                                    | <del></del>                            | Sharlin                                       | Decorato Printed or typed  | I name of sig   | gnee  | <del></del> .                        |
| Il<br>pro<br>the<br>to<br>no    | ierei<br>ovisi<br>obl<br>mere<br>tified | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I he<br>I in writing of this change.                             | e to a<br>perfori<br>for in<br>ereby | ect in to<br>mance<br>i Chap<br>confir | his capa<br>of my d<br>oter 605,<br>m that th | city. I further<br>luties, and I a<br>F.S. Or, if the<br>he limited lial | r agree to<br>m familian<br>iis docume<br>bility comp | comply w<br>with and<br>ent is bein<br>pany has l | ith the<br>accept<br>g filed<br>been |
| Sig                             | ghaith                                  | re of Registered Agent  |                                      |  |   |  |   |   |                                      |