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(Re	questor's Name)	-
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
	cument Number)	
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COVER LETTER

	Registration Section Division of Corporations		·		
SUBJE	Goodness Grazious				
302011	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	losed Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filing.		
Please r	eturn all correspondence concerning t	his matter to the fo	ollowing:		
MaryEll	en Toombs				
	Name of Person		_		
Goodnes	ss Grazious				
	Firm/Company		_		
165 SW	Fairway Drive				
•	Address		_		
Keyston	e Heights, Fl 32656				
	City/State and Zip Code		_		
goodnes	sgraziousco@gmail.com				
E-	mail address: (to be used for future ar	inual report notific	cation)		
For furt	her information concerning this matte	r, please call:			
Amber l	Turst	352 at (2220033		
-	Name of Person		Area Code & Daytime Telephone Number		
	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	ng amount:			
	☐ \$25 Filing Fee	3 \$5	5 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.

(a)	Amber Hurst	(b	o)	
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	546 SW 3rd Ave			
	Melrose, FL 32666	_		
	12/7/20		L2000038	22190
	Date of filing/registration in Florida	4.		Document number
(a)	amber hurst			
. (a1 <i>)</i>	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of S	tate:
	546 SE 3rd Ave			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>n</u>	<u> </u>
	Metrose	32666		
	FL.			ECKETAR SECKETAR TALLAHA
(b)	MaryEllen Toombs			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	165 SW Fairway Drive			
	NEW Registered Office Address:			_ E.F.
	Registered Office Address.			756 56
	Keystone Heights	32656		
	, FL		_	<u></u>
inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility economic filtered limited li	ed office impany, i nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
-43√ ∍igna	ture of a member or authorized representative of a member			Printed or typed name of signee
ierei ovisi obl	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I	ee to act perform I for in (in this co ance of m Chapter 6	apacity. I further agree to comply with the my duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been

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