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COVER LETTER

TO: Registration Section Division of Corporations	
GO FOR GOLD LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	nited 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:
Jacqueline Dose	
Name of Person	
Go for Gold LLC	
Firm/Company	
4830 NW 43rd St, K154	
Address	
Gainesville, FL 32606	
City/State and Zip Code	
jackiedose@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	ıll:
Jacqueline Dose 35	2 8706987
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 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.

(a)		(b)		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4830 NW 43rd St, K154		4830 N	W 43rd St. K154	
	Gainesville, FL 32606		Gainesv	rille, FL 32606	
	01/06/2021		1.210000	18958	
	Date of filing/registration in Florida	 4.		Document number	
(a)					
(a)	Registered Agent and Registered Office shown on the records of Jacqueline Dose	of the Floric	ia Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES			
	4706 NW 42nd St	_		20:	
	Gainesville, F				
				AUG 23 RETARY LLAHAS	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	PM 4: 4.I	
	NEW Registered Office Address:				
	4830 NW 43rd St, K154				
	Gainesville F	L_32606			
ange ent w is/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the e register iability co of the lin e limited	ed office a ompany, it nited liabil liability co	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signat	ure of a member or a thorized representative of a member	Jaco	queline Do:	Printed or typed name of signee	
herek ovisio obli mere	ny accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change)	ZEREZEZ ZO ZO ZO 1844 :	pacity. I further agree to comply with the	

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