## 121000270142

(Requestor's Name)			
(Address)			
(Address)			
(City/	/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
	•	,	
(Document Number)			
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Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			
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NOV 12 2021			
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2021 NOV -2 PM 1: 33 SECRETARY (T. SEAT

## **COVER LETTER**

TO: Registration Section Division of Corporations				
GoldenTrust Franchise, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
Kenneth Damas				
Name of Person				
Law Offices of Adorno-Cunill & Damas, PL				
Firm/Company				
1000 Brickell Avenue, Suite 720				
Address	<del></del>			
Miami, Florida 33131				
City/State and Zip Code				
ken@acdfirm.com				
E-mail address: (to be used for future annual rep	port notification)			
For further information concerning this matter, please	call:			
Kenneth Damasat (	305 381-9999			
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 amour	nt:			
■ \$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	ame of the limited liability company: GoldenTrust Fran	nchise, LLC		
2. (a)		(b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8400 NW 30th Terrace	8400	NW 30th Terrace	
	Doral, Florida 33122	Doral	, Florida 33122	
	06/09/2021	L21000	0270142	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:	
	Ismar L. Herrera			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	8400 NW 30th Terrace			
	Doral , FI	33122	PI EI	
	, -		- ·	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	PH 1: 33	
	Law Offices of Adorno-Cunill & Damas, Pl.		<i>τ</i> η <b>ω</b>	
	NEW Registered Office Address:		<del></del>	
	1000 Brickell Avenue, Suite 720			
	Miami, FI	33131		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the membricles of organization of the operating agreement	register	orida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) offity company or as otherwise provided in company.	
		Ismar L. Her		
	ture of a member or althorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	performance of	my duties, and I am familiar with and accept	

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