L220

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(((H23000388692 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:			

LLC REGISTERED AGENT CHANGE GOD IS EXCELLENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. ROPERTS

H23000388692 3

COVER LETTER

TO:		stration Section sion of Corporations						
SUBJE	ECT:	GOD IS EXCELLENT LLC						
		Name of Limited Liability Company						
Dear S	ir or N	1adam:						
The en	closed	Registered Agent/Registered Off	ice Change	ar	nd fee(s) are submitted for filing.			
Please	return	all correspondence concerning th	is matter to	th	e following:			
Alicia l	Richaro	ds						
		Name of Person						
Registe	ered Ag	gent Solutions, Inc.						
		Firm/Company						
Corpor	ate Cer	nter One, 5301 Southwest Pkwy, Ste	400					
		Address						
Austin,	, TX 78	3735						
		City/State and Zip Code						
E	-mail	address: (to be used for future and	nual report n	101	tification)			
For fur	ther in	formation concerning this matter	, please call:					
Alicia l	Richard	is	888 at (705-7274			
		Name of Person			Area Code & Daytime Telephone Number			
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the following	amount:					
	□ \$2	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.

9750 NW 17 ST Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DORAL, FL 33172 3/2/2022 Date of filing/registration in Florida 4. NJOKU, DAVID Registered Agent and Registered Office shown on the records of the Flori 1941 NE 197TH TERR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) MIAMI , FL Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office as	(b) 6400 SW 72nd Ct Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI, FL 33143 1.22000108553 Document number
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DORAL, FL 33172 3/2/2022 Date of filing/registration in Florida 4. NJOKU, DAVID Registered Agent and Registered Office shown on the records of the Flori 1941 NE 197TH TERR Registered Office Address (MUST BE FLORIDA STREET ADDRES) MIAMI , FL 33179 (b) Registered Agent Solutions, Inc.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI, FL 33143 1.22000108553
Date of filing/registration in Florida 4. (a) NJOKU, DAVID Registered Agent and Registered Office shown on the records of the Flori 1941 NE 197TH TERR Registered Office Address (MUST BE FLORIDA STREET ADDRES) MIAMI , FL 33179 (b) Registered Agent Solutions, Inc.	1.22000108553
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Registered Office Address (MUST BE FLORIDA STREET ADDRESS MIAMI , FL 33179 (b) Registered Agent Solutions, Inc.	da Dept. of State:
MIAMI , FL 33179 (b) Registered Agent Solutions, Inc.	
(b) Registered Agent Solutions, Inc.	<u>ss)</u>
(b) Registered Agent Solutions, Inc.	·:-
(b) Registered Agent Solutions, Inc.	
(B)	
Enter name of NEW Registered Agent and/or NEW Registered Office a	
	•
2894 Remington Green Ln.	
NEW Registered Office Address:	
Ste. A	
Tallahassee 32308	
,FL,FL	
the limited liability company is not organized under the laws of the lange or changes are made, the Florida street address of the register that the identical. Or, in the case of a Florida limited liability cas/were authorized by an affirmative vote of the members of the lie articles of organization or the operating agreement of the limited	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
J Sonia Amin So	onia Amin Authorized Signer
Signature of a member or authorized representative of a member	Printed or typed name of signee
hereby accept the appointment as registered agent and agree to a ovisions of all statutes relative to the proper and complete perfort e obligations of my position as registered agent as provided for in merely reflect a change in the registered office address, I hereby stified in writing of this change.	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Mackenzie Hibler, Asst, Secretary	