

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			,	2022 DEC
	Division of Corporations Fax Number : (850)617-6383			
_	1 d x (030) 017 - 0303		S S	THE STATE
From:	Account Name : REGISTERED AGE	NTS INC.	ن. مير	รเ - เวง โ
	Account Number : I20090000081		<u></u>	
	Phone : (307)200-2803 Fax Number : (855)330-1010		,	ا بنا
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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.

t. S	nme of the limited liability company: Good E	Everyth	ning LL	С	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) th St N STE 300	
	7901 4th St N STE 300				
	St. Petersburg FL 33704		St. Pete	rsburg FL 33702	
	09/22/22		L2200	0414954	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	MCINTYRE, KIMBERLY				
<i>D</i> . (11)	Registered Agent and Registered Office shown on the record-	s of the Florid	la Dept, of State	- e.	
	3315 58TH AVENUE S			_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	UNIT 409			2022 5EC TA	
	St. Petersburg	_{FL} 3371	2	THE THE	
(b)	Registered Agents Inc	FILED 2022 DEC 13 PM 12: 02 SECN JARY OF STATE TALL JARY SEEL FL			
. ,	Enter name of NEW Registered Agent and/or NEW Register				
	7901 4th St N) 7.02 Fil	
	NEW Registered Office Address:	,		•	
	STE 300			-	
	St. Petersburg	FL_3370	2	-	
signa I here provisi the obl	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and igations of all statutes relative to the proper and compligations of my position as registered agent as prov	s of the regi d liability c rs of the lin the limited Ril agree to ac lete perforn ided for in	istered office ompany, it is nited liability con lety Park lety Park in this cape annee of my Chapter 605	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept by F.S. Or, if this document is being filed.	
do mer	ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	eie perjorn ided for in i, I hereby c	unce of my Chapter 605 confirm that	quires, and 1 am jamittar with and accepts. F.S. Or, if this document is being filed the limited liability company has been	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent