Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Emegica Address:

LLC REGISTERED AGENT CHANGE

GOOD AMERICAN ROADSIDE SERVICES LLC

| Certificate of Status | 0 |
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Electronic Filing Menu

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Help

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: Good American F | Roadside Se | Services LLC | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 2. (a) | 6650 Corporate Center Pkwy | (b) | 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) | |
| | Jacksonville Florida (US)32216 | | | |
| | 11/15/2022 12:00:00 AM | | 1.22000489580 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | LEGALING CORPORATE SERVICES INC. | | | |
| • | Registered Agent and Registered Office shown on the records of 476 Riverside Ave. | the Florida I | la Dept. of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | <u>S)</u> | |
| | | | 20 | |
| | Jacksonville , FL | 32202 | ZOZZ DEC | - |
| | , PL | | | アート |
| (b) | Corporate Creations Network Inc. | | *SS - 8 | |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office addi | ddress: | |
| | 801 US Highway I | | ADEC -8 PM 3: 59 | 7 |
| | NEW Registered Office Address: | | | |
| | North Palm Beach . FL | 33408 | | |
| chang agent was/w | limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered ability com of the limit | ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in | |
| | | Daniel | ielle W. Gossman, Special Manager | |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee | |
| provis the ob to niei | rby 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 l ad in writing of this change. | ree to act in performan d for in Ch hereby con | t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file anfirm that the limited liability company has been | ie ipt id |
| | Danielle | Gossman | an, Special Secretary | |
| Signati | are of Registered Agent | | | |