173 660 153738

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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05/15/23--01012--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Goober Moving LLC			
ì	Name of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the	following:	0
			•
Nicholas Mee		•	
Name of Person	c		
Goober Moving LLC			•
Firm/Company	n		,
12755 Flynn Forest Dr			-3
Address	-		:
			• •
Jacksonville, FL 32223	•		CH
City/State and Zip Coc	le	- 	• •
	-		•
nicholas.a.mee@gmail.com o			CO
E-mail address: (to be used for future	annual report notiti		•
For further information concerning this mat	ter, please call:	o	
Nicholas Mee	at (<u>561</u>) 762-4015	
Name of Person		Area Code & Daytime Telephone Nun	iber
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	•
			0
Enclosed is a check for the follow	ing amount:		
■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	•
INUS18 (2/14)			

O

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FUN 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.

l. N	Name of the limited liability company: Goober Moving	g LLC		<u>-</u> ,	
2. (a))		(b)_		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	Mailing add	tress of limited liability company: 1AY BE POST OFFICE BOX)
	12755 Flynn Forest Dr		l	2755 Flynn Forest I	Dr
	Jacksonville, Fl. 32223			icksonville, FL 322	23
	27 March 2023		1.2	3000153738	
3.	Date of filing/registration in Florida	4.		Documer	nt number
5. (a	Registered Agent and Registered Office shown on the records of		_		
	Registered Agent and Registered Office shown on the records of	of the Flori	ida De	pt, of State:	
	United States Corporation Agents, Inc.				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE:	<u>(SS)</u>		
	476 Riverside Ave.		_		~
	Jacksonville	L_32202			2023 ESY
					<u></u>
(b)	Mindy Kerr Enter name of NEW Registered Agent and/or NEW Registered	1.62.65			ហ
	Tante frame of NEW Registered Agent and/or NEW Register	ed_Office a	addres	<u>ss</u> :	7
					ώ.
	NEW Registered Office Address:				90
	12755 Flynn Forest Dr				
	Jacksonville E	. 2222			
	, P	:L <u>32223</u>			
agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Miller.	ic register liability control of the lin light e limited	red o compa mitec	ffice and the busing the second of the secon	ness office of the registered
Sign	sture of a member or authorized representative of a member			Printed or	typed name of signee
the obto	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to ac e perforn ed for in ' hereby c	ct in t nance Chaj confii	his capacity. I fur of my duties, and oter 605, F.S. Or, om that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been
Signati	re of Registered Agent				