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(Requestor's Name)
(to quote or the total or the
(Address)
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COVER LETTER

	egistration Section Division of Corporations		P
SUBJEC	GOOD FRUIT ANALYTICS LLC		
BUDGEC		f Limited Liability Company	
Dear Sir o	or Madam:		
The enclo	osed Registered Agent/Registered Office	Change and fee(s) are submitted for file	ing.
Please ret	turn all correspondence concerning this m	atter to the following:	
CHAD SA	AKONCHICK		
	Name of Person		
BETTERI	LEGAL INC		
	Firm/Company		
750 North	St. Paul Street Suite 250 PMB 35833		
	Address		
Dallas, TX	C 75201		
	City/State and Zip Code		
filings@b	etterlegal.com		
E-m	nail address: (to be used for future annual	report notification)	
For further	er information concerning this matter, ple	ase call:	
CHAD SA	AKONCHICK	+1 (512) 969-2339 at ()	
	Name of Person	Area Code & Daytime T	elephone Number
R D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	issee et, Suite 810
E	Enclosed is a check for the following am	ount:	
<u> </u>	\$25 Filing Fee	☐ \$55 Filing Fee & Certified C	Сору
INHS18 (2	2/14)		



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.

Na	me of the limited liability company: GOOD FRUIT A	NALY	TICS LLC	
(a)	3400 DAVIE ROAD		(b) 3400 D/	AVIE ROAD
(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)
	APT #304		APT #30	04
	DAVIE, FL 33314		DAVIE,	FL 33314
	08/16/2023		L2300038	36206
	Date of filing/registration in Florida	4.		Document number
(a)	CALDWELL, CYNTHIA			
	Registered Agent and Registered Office shown on the records of 101 SW 6TH STREET	the Flo	rida Dept. of St	tate:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRI</u>	ESS)	
	HALLANDALE BEACH , FI	33009		
(b)	HALLANDALE BEACH , FI Registered Agents Inc	33009		2023 SEP 1
(b))	2023 SEP 15
(b)	Registered Agents Inc)	7023 SEP 15 PH 12:
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>)	2023 SEP 15 PH 12: 45

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Bill Havre, Authorized Representative Signature of Registered Agent

Signature of a member or authorized representative of a member