## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850) B78-536B

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

Email Address:

## LLC REGISTERED AGENT CHANGE **GOAL ZERO LLC**

Certificate of Status	0
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T. CARTER Heip

**DET 1 0 2014** 

https://efile.sunbiz.org/scripts/efilcovr.exe

T. CARLES

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Goal Zero LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Che	anno and facts) sen submitted for filing
	-
Please return all correspondence concerning this matter	er to the following:
	<del></del>
Name of Person	
Firm/Company	<del></del>
• • • • • • • • • • • • • • • • • • •	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
•	
at (	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	140aaa3866, F101103 32314
Euclosed is a check for the following amous	at:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

			(b)		
	Principal office address of firmined liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabil (Note: MAY BE POST OFF	
	211 Carnegie Center		211	Carnegie Center	
	Princeton NJ 08540		Pri	nceton NJ 08540	,,,,,
	10/30/2013		M13000	006867	
	Date of filing/registration in Florida	4.	•	Document number	
(a)	NORTHWEST REGISTERED AGENT LLC			•	
	Registered Office Address (IMUST BE FLORIDA STREET) 3030 N ROCKY POINT DR STE 150A	TADDRE	\$ <b>.</b> V.	_	
		33607			
		. Tr		<del></del>	
(b)	C T Corporation System				_ , ~
	Enter name of NEW Registered Agent and/or NEW Register	ed Office I	ार् <i>वेरस्ट</i> ाः	<del></del> -	4 OCT
	NEW Registered Office Address:	~		<del></del>	ASS -9
	1200 South Pine Island Road				ين مر
	1200 State Pine (state Road				
					PH I2
		L_53324			H 12: 21
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ent were action	Plantation  Mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cless of organization or the operating agreement of the Companization of the C	aws of the reg liability of of the li- se limited	pistered of company, mited liab	fice and the business office of it is hereby confirmed that the ility company or as otherwise company.	od that after fitte registered e change(s) provided in
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Division of Corporationse P.O. Box 6327e Tolianussee, FL 32314 FILING FEE: \$25.00