## M140000 2025

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





500314383645

08/11/16--01622 -022 4425.00



J. HARRIS

## **COVER LETTER**

TO:

Registration Section

Division of Corporations GIG VAOLEIFTH AND LENOX, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Raul Dominguez Name of Person Palmetto Bay Village Center Firm/Company 18001 Old Cutler Rd, Suite 307 Address Palmetto Bay, Fl. 33157 City/State and Zip Code Rdominguez@old-cutler.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raul Dominguez at ( Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building : P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☑ \$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.

1. N	ame of the limited liability company:GIG VAOI F	TETH AND L	ENOX, LLC
2. (a)	Goddard Investment Group, LLC	(b) _	Goddard Investment Group, LLC
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3390 Peachtree Rd, N.E. Suite 1200		3390 Peachtree Rd, N.E. Suite 1200
	Atlanta, GA. 30326		Atlanta, GA. 30326
	03-26-14		M14000002025
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(-/	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:
	Kenneth Powell		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del>
	18001 Old Cutler Rd, Suite 552		
			20
	Palmetto Bay , FL	33157	
			ALL AHA
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>is:</u>
	Post Post		
	Raul Dominguez		<del></del>
	NEW Registered Office Address:		<u> </u>
	18001 Old Cutler Rd, Suite 307	<u>.                                    </u>	
	Palmetto Bay , FL	33157	
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and an affirmative vote of the members of cles of organization or the operating agreement of the laws of members of the laws of the law	the registered bility compa the limited imited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Sert C. Gaddard, III
Jiguali 1 Lan-1	ure of dimember authorized representative of a member		Printed or typed name of signee
Ì	ny accept the appointment as registered agent and agrees of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	e to act in t performance for in Chap pereby confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is heing filed rm that the limited liability company has been
orguatun	e of Registered Agent		

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