M 15000000727

(Requestor's Name)						
(Address)						
(Addr	ress)					
(City/	State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Busi	ness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						

Office Use Only



600314383636

06/11/18--01027--023 **25.00

J I FGGETT JUN 1 3 2018



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: GVAOII 1801 NW LLC					
	Nan	ne of Limited Liability Company				
Dear S	ir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the following:				
	Raul Dominguez					
	Name of Person					
	Palmetto Bay Village Center					
	Firm/Company					
	18001 Old Cutter 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 anr	nual report notification)				
For fur	ther information concerning this matter.	please call:				
	Raul Dominguez	at (305) 234-4118				
	Name of Person	Area Code & Daytime Telephone Number				
	erneer/country animise.	MAILING ADDRESS:				
	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 S55 Filing Fee & Certified Copy					

٠.

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:GVAOH 1801	NW LLC		
2. (a)	Goddard Investment Group, LLC	(b)	Goddard Investment Group, LI	LC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limite (Note: MAY BE POS	, ,
	3390 Peachtree Rd, N.E. Suite 1200		3390 Penchtree Rd, N.E. St	ilte 1 200
	Atlanta, GA. 30326		Atlanta, GA. 30326	
	01-15-15		M15000000727	
3.	Date of filing/registration in Florida	4.	Document number	<u>ــــــ</u> مئ
5. (a)	(<u> </u>			•••
•	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:	1. fundamental (1. fundamental
	Kenneth Powell			-
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	 	
	18001 Old Cutter Rd, Suite 552			E. E.
	Palmetto Bay	33157		2019
		22121		6.4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Raul Dominguez	Jilice addres	<u></u>	
	NEW Registered Office Address:			
	18001 Old Cutler Rd, Suite 307			
	Palmetto Bay , FL_	33157		
Signat V Signat I herel provision of the operation of the	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability in the case of a Florida limited liability in the case of a Florida limited liability in the interest of the members of cless of organization or the operating agreement of the limited of member of the limited liability in the appointment as registered agent and agree on the appointment as registered agent and agree of the statutes relative to the proper and complete points of any position as registered agent as provided in the registered office address, I he writing of this change.	he register pility comp the limited imited liabi	ed office and the business off any, it is hereby confirmed the liability company or as othe lity company. Sert C. Goddar Printed or typed name of	ice of the registered at the change(s) rwise provided in
ខានាជា	e of Registered Agent			