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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name) (Corporation Name) (Corporation Name)	(Document #) (Document #)	00 MAR 24 PH 12: 51 ALLAHASSEE, FLORIDA	
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit	Photocopy	Certified Copy Certificate of Status	-
Not for Profit Limited Liability Domestication Other OTHER FILINGS	Resignation of R.A., C Change of Registered Dissolution/Withdrawa Merger REGISTRATION/QUAL	Agent	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	gr — mu (u, tu, tu, tu) i nu u nu u nu u nu u gregar du graggenoù	

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is:

GOODEALS, INC.

2. The name and address if its present registered agent is:

Filings, Inc. 3732 N.W. 16th Street Fort Lauderdale, Florida 33311

3. The name and address to which its registered agent is to be changes

Robert Maler 1213 Camelia Lane Weston, FL 33326

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed are identical.
- 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Robert Maler, President

Date March 20, 2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

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Please	Print/Type	Name	Robert	Maler
o :	4			

Date <u>March 20, 2000</u>

Division of Corporations, FILING FEE \$35, P.O. Box 6327, Tallahassee, FL 32314