

PD10000073858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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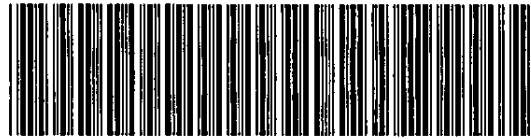
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUL 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/25/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOOD FAITH REAL ESTATE, INC.
Name of Corporation

DOCUMENT NUMBER: PO1000073858.

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Carroll

Name of Contact Person

GOOD FAITH REAL ESTATE, INC.

Firm/Company

2152 Gulfview Blvd

Address

DUNEDIN, FL 34698

City/State and Zip Code

realtormary@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Carroll

Name of Contact Person

at (727) 736-2300

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GOOD Faith Real Estate, INC.
2. The principal office address: 2152 Gulfview Blvd.
DUNEDIN, FL 34698
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/14/2001 Document number: PO1000073858

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mary Carroll
259 Seagate Ct.
Dunedin, FL 34698

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mary Carroll
2152 Gulfview Blvd.
P.O. Box NOT acceptable
DUNEDIN, FL 34698

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary Carroll
Signature of an officer or director

MARY P. CARROLL PRESIDENT
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mary Carroll
Signature of Registered Agent

MARY P. CARROLL PRESIDENT
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)