

P07000067887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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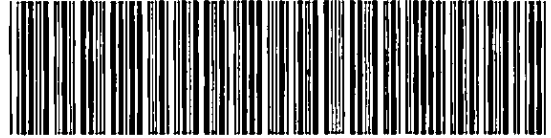
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GO NET CLICK INC.  
Name of Corporation

**DOCUMENT NUMBER:** P070000 67887

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:

SUSAN M. MERKIN  
Name of Contact Person

~~SUSAN M.~~ GO NET CLICK INC.  
Firm/Company

4521 PGA BLVD #189  
Address

PALM BEACH GARDENS, FL 33410  
City/State and Zip Code

SUE@GONETCLICK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN M. MERKIN at (561) 644-2866  
Name of Contact Person 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

PLEASE CHANGE  
OFFICER AND REGISTERED AGENT  
ADDRESS

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18 JUL 25 PM 3:05

**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: GO NET CLICK INC.  
2. The principal office address: 4521 PGA BLVD #189  
PALM BEACH GARDENS, FL 33418  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 6/11/2007 Document number: P0700006788

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)

SUSAN M. MERKLEIN  
450 OCEAN DRIVE #1002  
JUNO BCH, FL 33408

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

SAME (SUSAN M. MERKLEIN)  
4521 PGA BLVD #189  
PALM BEACH GARDENS, FL 33418

P.O. Box NOT acceptable

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.

Austin D. Redlin  
Signature of an officer or director

SUSAN M. MERKLEIN, CEO  
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.

Austin D. Redlin  
Signature of Registered Agent

7/23/18  
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

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