P09000061383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 AUG 29 AM 11:50

RA Richs
10 9/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOGA BAP CORPORATION
Name of Corporation

DOCUMENT NUMBER: P09000006383

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:

SATISH PATEL
Name of Contact Person

Firm/Company

768 LAKEVIEW POINTE DRIVE
Address

CLERMONT, FL 34711
City/State and Zip Code

ssatishpatel@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DHRUV PATEL at (352) 351-0012 EXT 10
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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2011

SATISH PATEL
768 LAKEVIEW POINTE DRIVE
CLERMONT, FL 34711

SUBJECT: GOGA BAP CORPORATION
Ref. Number: P09000006383

We have received your document for GOGA BAP CORPORATION and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

WHAT ARE YOU INTENTION IN FILING THE FORM?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00019469

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11 AUG 29 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: GOGA BAP CORPORATION

2. The principal office address: 2834 RECKER HWY
WINTER HAVEN, FL 33880

3. The mailing address (if different): 768 LAKEVIEW POINTE DRIVE
CLERMONT, FL 34711

4. Date of incorporation/qualification: _____ Document number: P09000006383

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)

Patel Satish
768 Lakeview Pointe Dr
Clermont, FL-34711

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

Patel, Satish B.
2834 Recker Highway
P.O.Box NOT acceptable
Winter Haven, FL-33880

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DIVISION OF CORPORATIONS
11 AUG 29 AM 11:50

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.

Signature of an officer or director — SATISH PATEL
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.

Signature of Registered Agent — 08/08/2011
Date

If signing on behalf of an entity:
Satish Baldevbhai Patel
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 (8/05)