

P11 0000 86676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

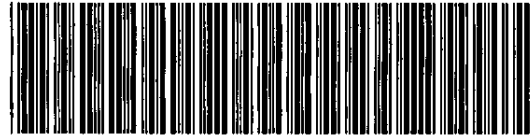
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Goliath Solutions Inc.
Name of Corporation

DOCUMENT NUMBER: P11000086676

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:

Joseph Ford IV
Name of Contact Person

Goliath Solutions Inc.
Firm/Company

606 NE 14 Ave.
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Ford at (954) 204-9376
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

Corp address change department;

Please change the address on the following Florida Corporation:

Goliath Solutions, Inc.

Document Number: P11000086676

FEIN Number: 45-3533890

Principal address change to:

606 NE 14 Ave.

Fort Lauderdale, FL 33304

Mailing Address change to:

606 NE 14 Ave.

Fort Lauderdale, FL 33304

Officer/Director CEO address change to:

606 NE 14 Ave.

Fort Lauderdale, FL 33304

Registered Agent change form has been sent with the \$35 fee and change is same as above.

Joseph Ford

606 NE 14 Ave.

Fort Lauderdale, FL 33304

Thank you kindly for your help in the above matter.

Sincerely,

Sue Travis for Joseph Ford IV

--

Sue Travis

Legal Assistant

Bergés LAW
GROUP

1451 W. Cypress Creek Rd., Ste 211

Ft. Lauderdale, FL 33309

Phone: (888) 342-0708 **Ext:** 1013

Fax: (954) 343-6523

s.travis@bergeslawgroup.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2014

JOSEPH FORD IV
GOLIATH SOLUTIONS INC
606 NE 14 AVE
FORT LAUDERDALE, FL 33304

SUBJECT: GOLIATH SOLUTIONS INC
Ref. Number: P11000086676

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

A SIGNATURE OF AN OFFICER OR DIRECTOR IS NEEDED IN SECTION 6

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 714A00014707

**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: Goliath Solutions Inc.
2. The principal office address: 606 NE 14th Ave., Fort Lauderdale, FL 33304
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/03/2011 Document number: P11000086676
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)

Joseph Ford

1111 East Sunrise Blvd 03-312

Fort Lauderdale, FL 33304

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

Joseph Ford

606 NE 14th Ave

P.O. Box NOT acceptable

Fort Lauderdale, FL 33304

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

Joe Ford
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

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)