P12000029940

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STREET

NOV 15 2019 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

GO2PREPAID INC SUBJECT: Name of Corporation P12000029940 DOCUMENT NUMBER: 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: Juan P Calle Name of Contact Person GO2PREPAID INC Firm/Company 2575 NORTHBROOKE PLAZA DRIVE, Suite 201 Address **NAPLES, FL 34119** City/State and Zip Code juan@go2prepaid.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan P Calle

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, Fi statement of change is submitted for a corporation organized under the laws of the St.	·	
in order to change its registered office or registered agent, or both, in the Sta		
1. The name of the corporation: GO2PREPAID INC		
2. The principal office address: 2575 NORTHBROOK PLAZA DRIV	VE, Suite 201	
Maples, 41. 34117		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04/09/2012 Document number:	P12000029940	
5. The name and street address of the current registered agent and registered office on Florida Department of State: (If resigned, enter resigned)		
CALLE, JUAN P		
5371 NW 122ND DR		38
CORAL SPRINGS, FL 33076	NOV 12	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ARY OF
JUAN P CALLE	—— f 0.	STAI
2575 NORTHBROOK PLAZA DRIVE, Suite 201		<u> </u>
P.O. Box NOT acceptable NAPLES, FL 34119		
The street address of its registered office and the street address of the business office as changed will be identical.	ce of its registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so	
JUAN P CA		
I hereby accept the appointment as registered agent and agree to act in this capaci I further agree to comply with the provisions of all statutes relative to the proper a performance of my duties, and I am familiar with and accept the obligation of my pagent. Or, if this document is being filed merely to reflect a change in the registere hereby confirm that the corporation has been notified in writing of this change.	ty. nd complete position as registered	
11/08/20	013	
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		

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

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