

P15000024661

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

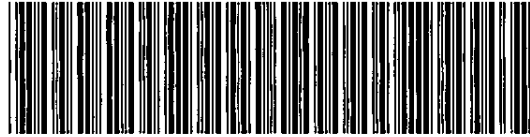
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# HALIFAX LAW GROUP

## A Private Law Firm

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POST OFFICE BOX 9357  
DAYTONA BEACH, FL 32120-9357

April 27, 2015

**ORIGINAL VIA FED EX**

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

RE: Matter Name : GoPath Corporation  
Matter No. : TBD

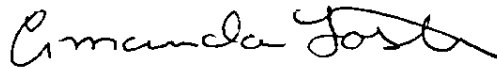
Dear Sir or Madam:

Enclosed please find the following:

1. Check # 7543 in the amount of \$35.00, made payable to Division of Corporations, representing the associated filing fee for change of Registered Agent for GoPath Corporation.

Please let me know if I may be of further assistance.

Sincerely,



Amanda Foster  
Legal Assistant to Bethany L. Schonsheck

BLS/amf  
Enclosures

cc: Darold Schonsheck

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **GOPATH CORPORATION**

Name of Corporation

**DOCUMENT NUMBER:** **P15000024661**

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:

**SHELBY L. BEST**

Name of Contact Person

**HALIFAX LAW GROUP**

Firm/Company

**P.O. BOX 1357**

Address

**DAYTONA BEACH, FL 32120**

City/State and Zip Code

**ESERVICES@HALIFAXLAWGROUP.COM**

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

For further information concerning this matter, please call:

**SHELBY L. BEST**

Name of Contact Person

at ( **386** ) **492-4880**

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

1. The name of the corporation: GOPATH CORPORATION  
2. The principal office address: 98 SPINNAKER CIRCLE, SOUTH DAYTONA, FL 32119

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/14/2015 Document number: P15000024661

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)

DAROLD SCHONSHECK

98 SPINNAKER CIRCLE

SOUTH DAYTONA, FL 32119

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

DAYTONA REGISTERED AGENTS, LLC


444 SEABREEZE BLVD., SUITE 910

P.O. Box NOT acceptable

DAYTONA BEACH, FL 32118

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

DAROLD SCHONSHECK

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

4/27/15  
Date

If signing on behalf of an entity:

K. JUDITH LANE

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)