P170000 16392

(Re	questor's Name)	
(· -	• • • • • • • • • • • • • • • • • • •	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation
POCLIMENT NUMBER, P17000016392

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:

Sharon Bartkowski

Name of Contact Person

GoodScout, Inc.

Firm/Company

317 NE 23rd Place

Address

Cape Coral, FL 33909

City/State and Zip Code

shabbyjt@yahoo.com

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

For further information concerning this matter, please call:

Sharon Bartkowski

Name of Contact Person

Name of Contact Person

at (786) 540-0452

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florid	a
		egistered agent, or both, in the State of Florid \ \ \	a.
1. The name of	the corporation: GoodScout, I	ncorporated	
	office address: 317 NE 23rd oral, FL 33909	Place	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/20/20	Document number: P170000	16392
5. The name and		red agent and registered office on file with the	2
	WILHELM, FRANCES	ARESIGNED	
	9327 - B West Sample	Road	
	Coral Springs, FL 3306	55	1
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	2019 (2.2)
	Sharon Bartkowski		<u>ئ</u>
	317 NE 23rd Place		PH 6: 30
		x NOT acceptable	٠. ن
	Cape Coral, FL 33909		
The street addr as changed will	ess of its registered office and the s l be identical.	treet address of the business office of its regi	stered agent.
Such change w authorized by t	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its board of directors or by an office on notified in writing of the change.	r so
Fr	ances Wilhelm	Frances Wilhelm Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been noti		egistered Iress, I
A Willi)	Ballian Agent	August 1, 2019	
Si	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
7	Typed or Printed Name		
	* * * FILING	G 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)