

P17000061047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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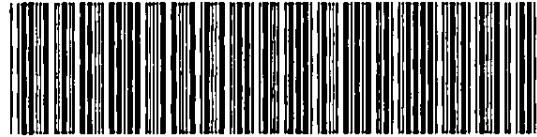
(Business Entity Name)

(Document Number)

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SECRETARY
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P17000061047

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOODWOOD PRODUCTS
Name of Corporation

DOCUMENT NUMBER: P17000061047

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:

PETER D. DEL TORO, ESQ.
Name of Contact Person

LAW GROUP OF SOUTH FLORIDA
Firm/Company

782 NW 42nd Ave, Ste# 347
Address

MIAMI, FLORIDA 33126
City/State and Zip Code

PDELTORO@LAWGROUPSF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER D. DEL TORO at (772) 444-0101
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: GOODWOOD PRODUCTS, INC.
2. The principal office address: 17914 48TH COURT, LOXAHATCHEE FLORIDA 33470
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 7/18/2017 Document number: P17000061047
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)

DENNIS GRUBBA

17495 ORANGE GROVE BLVD

LOXAHATCHEE, FLORIDA 33470

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

DENNIS GRUBBA

17914 48TH CT

P.O. Box NOT acceptable

LOXAHATCHEE, FLORIDA 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

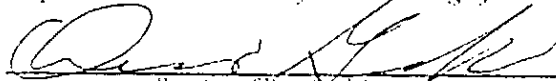
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DENNIS GRUBBA, PRESIDENT

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

JUNE 22, 2021

Date

If signing on behalf of an entity:

DENNIS GRUBBA

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 (04/13)

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SECRETARY OF STATE
FLORIDA