## P18000101782

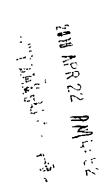
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: GOODEN ENTERPRISES INC.

Name of Corporation

OCUMENT NUMBER: P18000101782

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:

## **DONNA B GOODEN**

Name of Contact Person

Firm/Company

2 PINE CIRCLE DR

Address

PALM COAST, FL 32164

City/State and Zip Code

DGOODEN1992@YAHOO.COM

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

For further information concerning this matter, please call:

DONNA GOODEN

931

409-4871

The Real Property of the Party of the Party

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

7 PH 2: 46

**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

•	provisions of sections 607,0502, 617.0502 inge is submitted for a corporation organi		
=	r to change its registered office or register	-	<del></del>
1. The name of t	the corporation: Gooden Enterpris	es Inc.	=
2. The principal	office address: 2 Pine Circle Dr. ast, FL 32164		
	ddress (if different): P O Box 594 Beach, FL 32136		
4. Date of incorη	poration/qualification: 01/01/2019	Document number: P180001	01782
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned		he
	Donna B Gooden		
	66 Pine Grove Dr		
	Palm Coast FL 32164		
6. The name and (if changed):	d street address of the new registered agent		2810 APR 22 AM
	Donna B Gooden		APR 2
	2 Pine Circle Dr		% <del>39</del>
	P.O. Box NOT a	cceptable	3
	Palm Coast, FL 32164		₩ T.
The street addre	ess of its registered office and the street as be identical.	ddress of the business office of its reg	gistered agent,
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been noti	by its board of directors or by an office field in writing of the change.	eer so
Noma	& Boods	Donna B Gooden, VP	
	re of an officer or director	Printed or typed name and title	
I further agree t performance of a gent. Or, if thi	the appointment as registered agent and to comply with the provisions of all statuting duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	es relative to the proper and complet cept the obligation of my position as i it a change in the registered office ad	registered
Jonna &	I Gooding	03/25/2019	
Sign	nature of Registered Agent	Date	<del></del>
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

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