## PASCCCCCC 446

| (Re                                     | equestor's Name)       | _            |
|---|------------------------|--------------|
| (Ad                                     | dress)                 |              |
| (Ad                                     | dress)                 | <del>-</del> |
|   | ty/State/Zip/Phone     | - #          |
| (CII                                    | ty/State/Zip/Prione    | e #)         |
| PICK-UP                                 | ☐ WAIT                 | MAIL         |
| <del></del>                             | · · · · ·              | · <u>-</u>   |
| (Bu                                     | isiness Entity Nar     | ne)          |
|   | ocument Number)        |              |
| (50                                     | odinem Namber)         |              |
| Certified Copies                        | Certificates of Status |              |
|   |                        |              |
| Special Instructions to Filing Officer: |                        |              |
|   |                        |              |
|   |                        | -            |
|   |                        |              |
|   |                        |              |
|   |                        |              |
|   |                        |              |

Office Use Only



500352877425

10/01/20--01008--009 \*\*35.00

2020 CCT - F FM 1: 30

RAIKLICHT

NOV 1 0 7020

ALBRITTON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: Golden Center Inc.<br>Name of Corporation   | · · · · · · · · · · · · · · · · · · ·   |
|--|---|
| DOCUMENT NUMBER: <u>P 98000000 44</u>  | 6   |
| The enclosed Statement of Change of Registered Office  | e/Agent and fee are submitted for filing.   |
| Please return all correspondence concerning this matter  | r to the following:   |
| Robin J. Knebels Name of Contact Person  | <del></del>   |
| Golden Center Inc.   |   |
| 82 S.E. Harbor Point Drive Address   |   |
| Golden Center Inc. Firm/Company  82 S.E. Harbor Point Drive Address  Stuart FL 34996 City/State and Zip Code |   |
| E-mail address: (to be used for future annual repor  | t notification)   |
| For further information concerning this matter, please   | call:   |
| Robin J. Knebels Name of Contact Person  | at ( 478 ) 372 – 9013 Area Code & Daytime Telephone Number  |
| Enclosed is a \$35.00 check made payable to the Depar  | tment of State.   |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327                                    | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| Tallahassee, FL 32314  | ATIDIA, MONIOCONCCI, DUNC ON  |

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this   |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: Golden Center Inc.   |
| 2. The principal office address: 82 S.E. Harbor Point Drive  |
| Stuart FL 34996  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 1/2/1998 Document number: P98000000 446  |
| 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)   |
| Robert C. JOHNSON (Resigned)   |
| 2041 S.E. Ocean Blvd.  |
| Stuart, FL 34996   |
| · · · · · · · · · · · · · · · · · · ·  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Robin J. Knebels  |
| 82 S.E. Harbor Point Drive P.O. Box NOT acceptable   |
| Stuart FL 34996  |
| 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.  |
| Robin J. Knebels Vice Presider  Mignature of Groffinger or director  Robin J. Knebels Vice Presider  |
| 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. |
| Rocial Kachels 9/24/2020 Signature of Registered Agent 9/24/2020   |
| 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 5 (04/13)

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