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City/Sti #33 TOR, R 32 UST	val
	Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
	(Document#) 80000326216805/22/0001125014 *****35.00 *****35.0
(Corporation Name)	(Document #)
	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS Words	AMENDMENTS 8
Profit 12-17	AMENDMENTS Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	
Other	Dissolution/Withdrawal Merger Dissolution/Withdrawal
	REGISTRATION/QUALIFICATION
OTHER FILINGS	
Annual Report Fictitious Name	Foreign
Annual Report	
— .	Foreign Limited Partnership

__CR2E031(7/97)

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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,

the undersigned corporation organized under the laws of the State of
1a. The name of the corporation is: Goad SEAsons, Jrc.
1b. The mailing address of the corporation is: 10991 SAN JOSE # 133 TAZICIONVILLE FL 32257
1c. Date of incorporation: May 28 1998 bocument number: 1990005010 2. The name and address of the current registered agent and office:
702 OAKS CLANTATION DRESS 8 TACKSONVINCE, FL 32211 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
JACKSON VILLE FL 32257
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. (Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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.
(Signature of Registered Agent) (Date)