

**LD6006017591**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**L. SELLERS**  
JAN - 8 2010  
**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
GOMES HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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RECEIVED  
10 JAN - 7 PM 11:49  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GOMES HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 1500 Beville Rd

☒ (Note: **MUST BE STREET ADDRESS**)

Ste 606-126  
Dayton Beach, FL 32114

(b) Mailing address of limited liability company: 1500 Beville Rd

☒ (Note: **MAY BE POST OFFICE BOX**)

Ste 606-126  
Dayton Beach, FL 32114

2/17/2006

L06000017591

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: GOMES, SALVATORE R

Registered Office Address: 1500 BEVILLE ROAD  
SUITE 606-126  
DAYTONA BEACH FL 32114 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Business Filings Incorporated

**NEW** Registered Office Address: 1203 Governors Square Blvd, Suite 101  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32301-2960

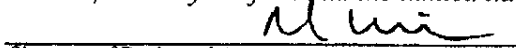
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Salvatore R. Gomes, Member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent Mark Williams, A.V.P., Business Filings Incorporated

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**