FILED May 08, 2008 8:00 am Secretary of State

DOCUMENT # L07000062236



FLOORS BY JAY, LLC					05-08-2008 90106 034 ***138.75				
Principal Place of Business 4392 LANDOVER BLVD. SPRING HILL, FL 34609		Mailing Address 4392 LANDOVER BLVD. SPRING HILL, FL 34609			60040391				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05012008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Numbe	er e			phied For at Applicable
Zip	Country	Zip	Count	гу	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R	egistered Aç	jent	
.4			ĺ	Name					
THOMAS, JASON 4392-LANDOVER BLVD. SPRING HILL, FL 34609		- Street Addres		Street Address (I	P.O. Box Numb	ar is Not Acceptable)		
				City			FL	Zip Cod	Э
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of repistored agent and lite if applicable (NOTE Repistored Agent signature required when reinstating) DATE									
PAIF									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pay Departme		•
9.	MANAGING MEMBERS/MANAGERS 10.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES				
TITLE	MGR	☐ Defete	TITLE					Change	Addition
NAME	THOMAS, JASON		NAME						
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CITY-ST-ZIP			CITY-						
TITLE		☐ Delete	TITLE				ſ	Change	Addition
NAME			NAME	1					
STREET ADDRESS				I ADDRESS					1
CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify to				S1-ZIP		<u> </u>			
11. I hereby of	certify that the information supplied with	this filing does not qualify for	the exen	notions contained i	in Chapter 119.	Florida Statutes, I fu	rther certify ti	nat the info	rmatino

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Stalutes.

SIGNATURE SIGNAT RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/08