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(Document Number)					
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D SCOTT JUL 2 1 2017 Shawn A. Gomes 15406 Casey Road Tampa, FL 33624

July 3rd, 2017

Dear Sir/Madam,

I am currently the sole owner of Great Floors R Us, LLC and would like to add my mother Lucille Gomes as a Manager/Agent so she can help me manage my new business.

Attached, please see Cover letter, Statement of Change and money order for \$25.00. I don't know exactly if this is the correct document that I have to submit.

Please advise.

Yours sincerely Shawn Gomes

Shawn A yours

COVER LETTER

•	stration Section sion of Corporations						
SUBJECT:	GREAT FLOORS R US, LL	.C					
30buLe 1.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	I Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for fili	ng.			
Please return	all correspondence concerning th	is matter to the	following:				
Shawn A.	Gomes						
	Name of Person						
Great Floo	ors R Us, Ilc						
	Firm/Company	·					
15406 Ca	sey Road						
	Address						
Tampa, FI	, 33624						
	City/State and Zip Code			到了			
shawn_go	omes@yahoo.com			TILED TILED			
E-mail	address: (to be used for future an	nual report noti	fication)				
For further is	nformation concerning this matter	r, please call:					
Shawn A.	Gomes	813	735 6768	3			
	Name of Person		Area Code & Daytime Te	elephone Number			
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	M Re D P. Ta					
Enc	losed is a check for the followin	g amount:					
1 21 \$	25 Filing Fee		555 Filing Fee & Certified Co	opy			
INHS18 (2/1-	4)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Great Floors	R Us, LLC		
2. (a)	15406 Casey Road	(b) 15406 Casey Road		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	imited liability company: POST OFFICE BOX)
	Tampa	Tam	ра	
	Florida, 33624	Florio	da, 33624	
	July 3, 2017	L1700	00124136	
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	Shawn A. Gomes			
J. (II)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	15406 Casey Road			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
	Tampa			
	, FL	33624		
(b)	Lucille Gomes			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	15406 Casey Road			7
	NEW Registered Office Address:			
	Tampa			
				00 [77
	, FI.	33624		
the chagent was/w the ar Sign I herrorist the obtone notification.	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member of a member or authorized representative of a member which accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete organizations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	ability company of the limited lia limited liability Shawn A	trice and the busine to it is hereby confirmation bility company or as company. Gomes Printed or typed respective I further	ned that the change(s) so therwise provided in name of signce
L	icelle Gomes			

Signature of Registered Agent