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(Address)				
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(Document Number)				
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BRIAN L. OAKS | ATTORNEY AT LAW

P.O. Box 958 515 W. Sycamore St. Kokomo IN 46903-0958

(765) 457-9321 Fax: (765) 452-0882

boaksattorney@yahoo.com

July 17, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Go2gals, LLC

To Whom It May Concern:

Please find enclosed a Statement of Change of Registered office or Registered Agent of Both for Limited Liability Company, the associated Cover Letter, and a check for \$25.00 to cover the filing fee.

If you have any questions, you may address them with me at the given address.

Very truly yours

Brian L. Oaks

BLO:kb

COVER LETTER

	gistration Section vision of Corporations				
CUBICAT	GO2GALS,LLC				
SUBJECT	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Offic	e Change and fo	ee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:		
Pamela (C.Beckom				
	Name of Person		-		
GO2GAL	S,LLC				
	Firm/Company		_		
324 Scot	land St.,Suite 4				
	Address		=		
Dunedin,	FL 34698				
	City/State and Zip Code		_		
boaksatto	orney@yahoo.com				
E-ma	il address: (to be used for future annu	al report notific	ation)		
For further	information concerning this matter, p	lease call:			
Brian L. C	Daks	765	459-3153		
	Name of Person		Area Code & Daytime Telephone Number		
Re Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations flon Building 61 Executive Center Circle llahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 phassee, Florida 32314		
Enclosed is a check for the following amount:					
Q.	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/	14)				

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.

i. Na	ame of the limited liability company: GO2GALS,LL	.C	
2. (a)	324 Scotland St., Suite 4	(b) 324 Sc	otland St.,Suite 4
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Dunedin, FL 34698	Dunedii	n, FL 34698
	6/14/17	L170001	30289
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Katherine Harbaugh		
$J_i = (a)$	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	2800 University Blvd.,North		3 ³ ;
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	7 JUL 2
	Jacksonville , FL	32211	SEE
(b)	Pamela C. Beckom Enter name of NEW Registered Agent and/or NEW Registered 324 Scotland St.	Office address:	AMII: 49 OF STANDA
	NEW Registered Office Address:		_
	Suite 4	_ 	_
	Dunedin, FL	34698	_
the cha agent was/w the art Signa I here provise the ober to mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the during of a member or authorized representative of a member observations of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I if it is not required to the proper and complete ligations of this change.	the registered office ability company, it of the limited liability company. Pamela C. Expenses to act in this can	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Beckom Printed or typed name of signee pacity. I further agree to comply with the