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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Finishing Touch Floors LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anthony Li CAUSI Name of Person		
Finishing Touch FLOURS LLC Firm/Company		
61535E87765+ Address		
OCA (A FL. 34472 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ANTHONY Li (Aus) at (7/8) 764-7330 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\text{Certified Copy}\$		

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. Na	me of the limited liability company: Finishing Touch Floors LLC
	6153 SE87thstocalAFL34472 (b) 61535E87thst OCALAFL34
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/24/18 18000021578
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Legal Zoom AKA United States Corpor Ation Agents INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 WINLING DAK COURT A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	The state of the s
	22//2 B 00
	TAMPA .FL 336/2
(b)	ANTHONY Li CAUSI
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	6153 SE 874St
	NEW Registered Office Address:
	OCA/A ,FL 34472
the cha agent v was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ure of a member of authorized representative of a member ANTONIZ (A:US) Printed or typed name of signee
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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 605, 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 by friting of this change.

Signature of Registered Agend