



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2013

PAUL PARISI / PARISI PAINTING SERVICES LLC
5211 MALAGA AVE.
SARASOTA, FL 34235

SUBJECT: PARISI PAINTING SERVICES LLC
Ref. Number: L11000060471

We have received your document for PARISI PAINTING SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00008488

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paris, Painting Services
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:

Paul Paris
Name of Person

Paris, Painting Services
Firm/Company

5211 Malaga Ave
Address

Sarasota FL 34235
City/State and Zip Code

Paris, P1963@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Paris at (941) 355-8795
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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: Paris Printing Services

2. (a) Principal office address of limited liability company: 5211 Malaga Ave
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 5211 Malaga Ave
(Note: **MAY BE POST OFFICE BOX**)

05/23/2011
3. Date of filing/registration in Florida

44000060971
4. Document number

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

Registered Agent:

United States Compensation Agents Inc

Registered Office Address:

13302 Winding Oak Court
Suite A
Tampa Fla

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

NEW Registered Agent:

PP Kim Parisi

NEW Registered Office Address:

5211 Malaga Ave

(MUST BE FLORIDA STREET ADDRESS)

Sarasota FL 34235

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.

Paul Parisi
Signature of a member or authorized representative of a member

Paul Parisi
Printed or typed name of signer

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.

Kim Parisi
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32311
FILING FEE: \$25.00

FILED
13 APR 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA