/e named er	ntity submits this statement for the purpose of changing its registe	ered office or registe	ered agent, or both, in the State of Flo			
TURE:	JOZEF KINDERNAY					
	Electronic Signature of Registered Agent					
r/Director Detail :						
Р	RESIDENT	Title	MANAGER			

Current Principal Place of Business: 1885 PAR DR. NAPLES, FL 34120

Current Mailing Address:

DOCUMENT# P11000093760

Entity Name: COLORFUL COAT, INC.

1201 PIPER BLVD, UNIT #9 NAPLES, FL 34110 US

FEI Number: 45-3684938

Name and Address of Current Registered Agent:

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

KINDERNAY, JOZEF 1885 PAR DR. NAPLES, FL 34120 US

The above lorida.

SIGNATURE: JOZEF KINDERNAY					02/06/2024
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	PRESIDENT	Title	MANAGER	
	Name	KINDERNAY, JOZEF	Name	TESARIK, RADIM	
	Address	1885 PAR DR.	Address	1771 16TH AVE SW	
	City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34117	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOZEF KINDERNAY

OWNER

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No