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April 10, 2020

DAVID SARGENT 1911 S GREAT SOUTHWEST PARKWAY GRAND PRAIRIE, TX 75051

SUBJECT: STRIPING SERVICE AND SUPPLY, INC.

Ref. Number: F17000002736

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 620A00007687

Corrected 4/21/2020
+ mailed back: Dangon

www.sunbiz.org

COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: Striping Service and Supply Inc | | |
|---|--|--|
| Name of Corporation | | |
| DOCUMENT NUMBER: F17000002736 | | |
| The enclosed Statement of Change of Registered C | Office/Agent and fee are submitted for filing. | |
| Please return all correspondence concerning this n | natter to the following: | |
| David Sargent | | |
| Name of Contact Person | | |
| Striping Service and Supply Inc | | |
| Firm/Company | | |
| 1911 S Great Southwest Parkway | | |
| Address | | |
| Grand Prairie, TX 75051-1082 | | |
| City/State and Zip Code | | |
| dsargent@stripe-a-zone.com | | |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this matter, ple | ease call: | |
| David Sargent | at (⁹⁷²)647-2714 | |
| Name of Contact Person | at (⁹⁷²) 647-2714 Area Code & Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the D | epartment of State. | |
| Mailing Address: | Street Address: | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/L3)

P.O. Box 6327

Tallahassee, FL 32314

** STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of c | change is submitted for a corporation | 17.0502, 607,1508, or 617,1508, Florida Statutes, t a organized under the laws of the State of <u>Nevada</u> rregistered agent, or both, in the State of Florida. | his ——— | - |
|--|--|--|---------------------------------|------------------|
| L. The name | of the corporation: Striping Service an | id Supply Inc | | |
| 2. The princip | pal office address: 1911 S Great South | west Parkway, Grand Prairie, TX 75051-1082 | | _ |
| 3. The mailin | ng address (if different): 1911 S Great | Southwest Parkway, Grand Prairie, TX 75051-1082 | | <u> </u> |
| 4. Date of incorporation/qualification: Document number: F1700000 | | Document number: F17000002736 | | |
| | and street address of the current regis partment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | | |
| | C T CORPORATION SYSTEM | | | |
| | 1200 SOUTH PINE ISLAND ROA | AD | 2020 | |
| | Plantation, FL 33324 | | 1828 APR | ۔ د |
| 6. The name (if changed | e e | ed agent (if changed) and /or registered office | 27 PH | |
| \ | Michael Caffrey | | ۲ . 2 | 10 M 10 M |
| | 4240 Church Street. | UNIT 1156 | 0 | z. |
| | Sandford, FL 327 | P.O. Box NOT acceptable | | |
| The street ad as changed/w | dress of its registered office and the | street address of the business office of its register | ed ager | nt, |
| Such change authorized by | was authorized by resolution duly a y the board, or the corporation has b | idopted by its board of directors or by an officer so een notified in writing of the change. |) | |
| Sigi | nature of an officer or discetor | David Sargent Printed or Typed name and title | | _ |
| I hereby acce I further agre of my duties, document is corporation | ept the appointment as registered age we to comply with the provisions of a and I am familiar with and accept t heing filed merely to reflect a chang has been notified in writing of this c | tent and agree to act in this capacity. Il statutes relative to the proper and complete per he obligation of my position as registered agent, ie in the registered office address. I hereby confirm hange. | formar Or, if ti n that t | ice his he |
| | Signature of Registered Agent | $\frac{3/24/200}{\text{Date}}$ | 0 | _ |
| | behalf of an entiry: | / | | |
| Michael Caffr | rey C | _ | | |
| | Typed or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *