## 103000001707

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Exceloterly Coating a	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
LAURENCE MUZM Name of Person		
ExceleTech Contrate Supplication Firm/Company	TIONS LLC	
221 N Hoghway # 97, Jule Address	I	
City/State and Zip Code		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Name of Person	(352) 39 4-9155 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:		
2 \$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.

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1. Name of the limited liability company: <u>Exceletech</u>	COATING & Applications 26
2. (a) 29 1 N Hahvy 37 Jut 7 Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
221 N. High WAY 27, Suite I Clermont, Fr 34711	SAMO
3. Date of filing/registration in Florida	L03000001707
<ul> <li>Date of filing/registration in Florida</li> <li>(a) Andes, Michael Eg</li> <li>Registered Agent and Registered Office shown on the records of the</li> </ul>	4. Document number  ne Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A)	<u> </u>
(b) Nicholas L. Muzia Enter name of NEW Registered Agent and/or NEW Registered C	
NEW Registered Office Address:  5064 SE Poneknoll WAG	AHI: 55
JTU ART, FL_ If the limited liability company is not organized under the laws	
the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited liak was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company.
Signature of a member or authorized representative of a member	LAURENCE MUZIA  Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	te to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Seent	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Kara Garage