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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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LLC RAPRO Change

AUG 22 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: R. E. Steele Painting, LLC					
Name of	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	tter to the following:				
Robert E. Steele					
Name of Person					
R.E. Steele Painting, LLC					
Firm/Company					
1119 Nevada Drive NE					
Address					
Palm Bay, FL 32907					
City/State and Zip Code					
Steeleptg@aol.com					
E-mail address: (to be used for future annual re	eport notification)				
For further information concerning this matter, pleas	se call:				
Robert E. Steele	772 562-6828				
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				
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.

1.	Na	me of the limited liability company: R.E. Steele F	Painting	g,	LLC			
2.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	(0)	N	Mailing address of limited (Note: MAY BE POST	liability co	mpany:
		1119 Nevada Drive NE			P.O. Box	x 2253		
		Palm Bay, FL 32907	Vero Beach, FL 32961					
		11/21/2003		L	.0300004	16805		
3.		Date of filing/registration in Florida	4.	_		Document number		
5	(a)							
J.	(α)	Registered Agent and Registered Office shown on the records of	the Floric	da I	Dept. of State	- : :		
		Robert E. Steele						
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	SS)		-		
		13455 79th Street						
		Fellsmere	22040	<u> </u>		•		<u>-</u>
		Fellsmere , FL	32940	<u> </u>			<u>.t-</u>	.≽. 1∃S:
							NUG	
((b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	da.	-000			, , , , , , , , , , , , , , , , , , ,
			Omce a	uuı	<u>ess</u> .		<u>ට</u>	
		Robert E. Steele				·		132/55
		NEW Registered Office Address:				•		-0.22
		1119 Nevada Drive NE					9	5A
								متد
		Palm Bay , FL	32907	7	·			
If th	ne li	mited liability company is not organized under the lav	us of th	۵ د	tota of Flo	orida it is haraby cant	irmad tl	not ofter
the	cha	nge or changes are made, the Florida street address of	the reg	ist	ered office	and the business offi	ce of the	e registered
age	nt v	will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of	ability c	con	npany, it is	s hereby confirmed the	at the ch	ange(s)
the	arti	cles of organization or the operating agreement of the	limited	lia	bility com	ipany.	wise pre	vided iii
.	×	KILL & ACC	Ro	obe	ert E. Ste	eele		
Si	gnat	ure of a member or authorized representative of a member				Printed or typed name of	signee	
pro the to n	visi obli nere	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is in writing of this change	ree to ac perforn d for in hereby c	ct i nai Cl cor	n this capa ace of my a apter 605 afirm that i	acity. I further agree duties, and I am famil , F.S. Or, if this docu the limited liability co	to comp iar with ment is mpany l	ly with the and accept being filed as been
YSig	natui	re of Registered Agent						