L04000086568

•			
(Requestor's Name)			
(Address)			
. (Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT . MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN
FEB -.5 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: <u>Scott</u>	Johnson Custom painting LCC (Name of Limited Liability Company)			
,	•				
Dear S	ir or Madam:				
The en	closed Registered Agent/Reg	sistered Office Change and fee(s) are submitted for filing.			
Please	return all correspondence con	ncerning this matter to the following:			
R	Alph Scott Johns		,,,,,,		
	Name of Person)	· · · · · · · · · · · · · · · · · · ·	JIVISIUI 09 FE		
_5c	ett Johnson Cu: (Firm/Company)	soom painting WC	09 FEB -4 AM 11: 30		
	139 Limo Thee Dr. (Address)		111:30		
	(Address)				
Edgewater FL. 32141 (City/State and Zin Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
R	Joh Scott Johnson	at (386) 566-2829			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
	STREET/COURIER ADDRE				
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:				
1	☐ \$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: Scott J	olmson Custom paratragecc
2. (a) Principal office address of limited liability compand. (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1929 Lime Tree Dr. Edgewater, Pl. 32141
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1929 Come Mee Dr. Edgewater, EL. 32141
Dec. 1 2004 3. Date of filing/registration in Florida	L04000086568 3 555 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dent of State:
Registered Agent:	Comparation Sorvice Company Company Conferention 1201 HAUS Street
Registered Office Address:	wilmington, 02 19808 Tallahassee, 17, 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	RAIPH Scott Johnson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1929 Lime Mil Dr. Edgewater, FL. 32141 FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	_
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pramiliar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I are registered agent as provided for in Chapter 608, change in the registered agent as a different address, I hereby the provided for this change.

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

Relph Scot (da (Signature of Registered Agent)