

L05000095870

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALAMON SECTION  
JAN 19 2006

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL Right PAINT SupplyS AND Equipment LLC.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANNON FRAZIER  
(Name of Person)

ALL Right PAINT SupplyS AND Equipment LLC.  
(Firm/Company)

9542 SIDNEY HAYES Road  
(Address)

ORLANDO FL 32824  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANNON FRAZIER at (407) 470-7969  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JAN -09 P 3:51

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**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. The name of the limited liability company is: ALLRight PAINT Supply's AND EQUIPMENT
2. The mailing address of the limited liability company is: 9542 SIDNEY HAYES RD  
ORLANDO FL 32824
3. Date of filing/registration in Florida 9/22/2005
4. Document number L05000095870

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CABRERA NELSON  
Name  
9542 SIDNEY HAYES RD  
Address  
ORLANDO FL 32824  
City, State and Zip

6. The name and address of the new registered agent and/or office:

MENDEZ AMBAR O  
Name  
1005 GULFSIDE CT  
Florida street address (P.O. Box NOT acceptable)  
KISSIMMEE FL 34741  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Shannon Frazier  
(Signature of a member or authorized representative of a member)

SHANNON FRAZIER  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Ambar O Mendez  
(Signature of Registered Agent)

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