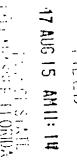
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Office Use Only



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S. WARREN AUG 1 7 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: NATIONS PAINTING & WATERPROOFING, LLC Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
CHRI	STINA NAULT				
	Name of Person		_		
NATIO	ONS PAINTING & WATERPROO	FING, LLC			
	Firm/Company				
470 A	NSIN BLVD. UNIT #AA				
	Address				
HALL	ANDALE FL 33009				
	City/State and Zip Code				
NATIO	ONSCONSTRUCTION@YAHOO	.СОМ			
Е	-mail address: (to be used for future ann	iual report noti	fication)		
For fur	ther information concerning this matter,	please call:			
CHRI	STINA NAULT	954 at (4705575		
	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		Re Di P.o	egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314		
	☑ \$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy		
INHS18	3 (2/14)				

24,

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.	Name of the limited liability company: NATIONS	PAINTING & W	/ATERPROOFING, LLC
2. (a)	(b)	
` .	Principal office address of limited liability company:		Mailing address of limited liability company:
	(<i>Note: MUST BE STREET ADDRESS</i>) 470 ANSIN BLVD. UNIT #AA		(Note: MAY BE POST OFFICE BOX)
	HALLANDALE FL 33009		
	08/10/2017	L050	000115491
3.	Date of filing/registration in Florida	4.	Document number
5. ((a) Yuval Fadion		
. (Registered Agent and Registered Office shown on the record	ls of the Florida Dept. o	of State:
			₽9 = 3
	Registered Office Address (MUST BE FLORIDA STRE	- NG	
	SVA MUC WE CORP		
(b)	Fort Lauderdale	, FL 33317	—————————————————————————————————————
	b) CHRISTINA NAULT		
	Enter name of NEW Registered Agent and/or NEW Regist		
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	470 ANSIN BLVD, UNIT # AA	. <u>. </u>	
	HALLANDALE	. FL 33009	
16 ·F	a limited liability assument in the assument and ask	a laura a Caba Casa	
the c	e limited liability company is not organized under the change or changes are made, the Florida street addres	s of the registered of	office and the business office of the registered
agen was/	nt will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membe	ed liability company ers of the limited lia	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
the a	articles of organization or the operating agreement of	the limited liability	company.
<u> </u>	Gural Fadlon	YUVAL F	
	gnature of a member or authorized representative of a member		Printed or typed name of signee
prov the o to m	reby accept the appointment as registered agent and issions of all statutes relative to the proper and compobligations of my position as registered agent as proverely reflect a change in the registered office addressible in writing of this change.	agree to act in this lete performance of vided for in Chapter s, I hereby confirm	capacity. I further agree to comply with the finy duties, and I am familiar with and accept r605. F.S. Or, if this document is being filed that the limited liability company has been
C:	Christina Nault		
orkii:	ature of Registered Agent		

& Go