

LD70000034433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

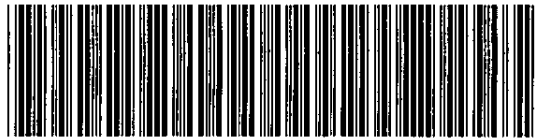
Special Instructions to Filing Officer:

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OCT 20 2008

EXAMINER

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FILED
08 OCT 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Color Magic Automotive Recon, 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:

Alberto Escalante Jr.
(Name of Person)

Color Magic Automotive Recon LLC
(Firm/Company)

1516 Brookside Avenue
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Escalante Jr. at (407) 925-6921
(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

**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: Color Magic Automotive Keeson LLC

2. (a) Principal office address of limited liability company: 1516 Brookside Avenue
(Note: **MUST BE STREET ADDRESS**) Kissimmee, FL 34744

(b) Mailing address of limited liability company: 1516 Brookside Avenue
(Note: **MAY BE POST OFFICE BOX**) Kissimmee, FL 34744

3/2006
3. Date of filing/registration in Florida

LO7000034433
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Alberio Escalante Jr.

Registered Office Address:

2735 Orchid Ln

Kissimmee, FL 34744

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Alberio Escalante Jr.

NEW Registered Office Address:

1516 Brookside Avenue

(**MUST BE FLORIDA STREET ADDRESS**)

Kissimmee, FL 34744

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.

[Signature]
(Signature of a member or authorized representative of a member)

Alberio Escalante Jr.
(Printed or typed name of signee)

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.

[Signature]
(Signature of Registered Agent)

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

FILED
08 OCT 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA