

2070000 74433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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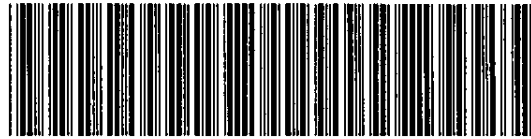
(Business Entity Name)

(Document Number)

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JUL 22 2015

J SHIVERS

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 E. Escalante

Name of Person

Color Magic Automotive Recon, LLC

Firm/Company

436 Minnesota Avenue

Address

Saint Cloud, FL 34769

City/State and Zip Code

onemoreal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Escalante

Name of Person

at (407) 925-6921

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 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: Color Magic Automotive Repair LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

436 Minnesota Ave  
Saint Cloud, FL 34769

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

436 Minnesota Ave  
Saint Cloud, FL 34769

4/02/2007

L07000034433

3. Date of filing/registration in Florida

4. Document number

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

Alberto Escalante, Jr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1516 Brookside Avenue  
Kissimmee, FL 34744

(b) ~~Alberto Escalante, Jr.~~  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alberto Escalante, Jr.

**NEW Registered Office Address:**

436 Minnesota Avenue  
Saint Cloud, FL 34769

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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

Alberto Escalante  
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 605, 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