

607000118561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2008

PHILIP KOPICZKO
4499 HOFFMAN AVE
SPRINGHILL, FL 34606

SUBJECT: PONO PAINTING \ FAUX FACTORY, LLC
Ref. Number: L07000118561

We have received your document for PONO PAINTING \ FAUX FACTORY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 108A00053991

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PONO PAINTING / FOUX FACTORY
(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:

PHILIP KOPICZKO

(Name of Person)

PONO PAINTING / FOUX FACTORY

(Firm/Company)

4499 HOFFMAN AVE

(Address)

SPRINGHILL, FL. 34606

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

PHILIP KOPICZKO at (352) 238-3613

(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: PONO PAINTING/FACTORY

2. (a) Principal office address of limited liability company: 4499 HORTON AVE
(Note: **MUST BE STREET ADDRESS**) SPRING HILL FL
34606

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SAME AS
ABOVE

3. Date of filing/registration in Florida NOVEMBER 28, 2007

4. Document number 207000118561

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

Registered Agent:

TIE COMPANY CORPORATION

Registered Office Address:

Suite 400
2711 CENTERVILLE RD.
WILMINGTON DE.

19808

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

NEW Registered Agent:

PHILIP KOPICZKO

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4499 HORTON AVE
SPRING HILL FL
34606

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)

PHILIP KOPICZKO
(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