

L080000015479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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09 JUL 20 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Painting and Repair 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:

Jim Hyde
Name of Person

Professional Painting and Repair LLC
Firm/Company

203 West 3rd Avenue #15
Address

Tallahassee FL 32303
City/State and Zip Code

JimHyde@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Hyde at (850) 524-3623
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: Professional Painting and Repairs LLC

2. (a) Principal office address of limited liability company:



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

203 West 3rd Ave #13
Tallahassee FL 32303

(b) Mailing address of limited liability company:



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

Same

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:

Registered Agent:

Tom Hyde

Registered Office Address:

14 Doyle Circle
Crawfordville FL 32307

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

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

203 West 3rd Ave #13
Tallahassee, FL 32302

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 of a member or authorized representative of a member

Tom Hyde

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUL 20 PM 3:05
TALLAHASSEE FLORIDA
SECRETARY OF STATE