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SECRETARY OF STAIR
DIVISION OF CORPORATIONS

COVER LETTER

_	ision of Corporations	
SUBJEÇT	:	Arcadia JW Paints, LLC
•		of Limited Liability Company)
Dear Sir or	Madam:	
The enclose	ed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please retui	m all correspondence concerning	g this matter to the following:
	Tom Tyler	
	(Name of Person)	
	Thomas C. Tyler, Jr., P.A.	
	(Firm/Company)	
	735 East Venice Avenue, Suite	200
	(Address)	•
	Venice, Florida 34285	
	(City/State and Zip Code)	
For further	information concerning this mat	ter, please call:
	Tom Tyler	at (941)488-4422
	(Name of Person)	(Area Code & Daytime Telephone Number)
	REET/COURIER ADDRESS: istration Section	MAILING ADDRESS: Registration Section
Divi	ision of Corporations	Division of Corporations
266	ton Building 1 Executive Center Circle ahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enc	closed is a check for the followi	ng amount:
Ø \$	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:	Arcadia JW Paints, LLC	#
2.	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	A	=
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above	0
	6-5-2008	L08000055743	
		Document number	
5.	(a) Registered Agent and Registered Office shown on the	re records of the Florida Dept. of State SECRE	
	Registered Agent:	Thomas C. Tyler, Jr., P.A.	1
		981 Ridgewood Avenue, Suite 104 Venice, Florida 34285	} •
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	7 Registered Office address: 조	
	NEW Registered Agent:	Thomas C. Tyler, Jr., P.A.	÷
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		735 East Venice Avenue, Suite 200 Venice,FL_34285	
tha of he lia lin	the limited liability company is not organized under the last after the change or changes are made, the Florida street fice of the registered agent will be identical. Or, in the case reby confirmed that the change(s) was/were authorized by bility company or as otherwise provided in the articles of pixed liability company. The provided in the articles of the pixel liability company. The provided in the articles of the pixel liability company. The provided liability company or as otherwise provided in the articles of the pixel liability company.	address of the registered office and the business	l
(P	Janie E. Watson, Manager inted or typed name of signee)		
	hereby accept the appointment as registered agent and agent with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes of my position of S. Or, if this document is being filed to merely reflect a classic that the limited liability company has been notified gnature of Registered Agent)	ree to act in this capacity. I further agree to oer and complete performance of my duties, and I is registered agent as provided for in Chapter 608 nange in the registered office address, I hereby in writing of this change.	3,

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