(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP TO WAIT MAIL
(Business Entity Name)
· (Document Number)
Certified Copies ed = Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT - 8 2009
EXAMINER



100161264591

10/07/03--01022--011 **25.80



Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ					
	Name of	Limited	l Liability Co	ompany	•
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered	Office (Change and f	ee(s) are	submitted for filing.
Please	e return all correspondence concerning	g this m	atter to the fe	ollowing	:
	David Weix				. 2
	Name of Person				2009 OCT -7 SEGRETAR TALLAHASS
	WEIX & WEIX,PA				AS THE
	Firm/Company				
	1890 University Drive, Suite Address	308			PM 2: 48 OF STATE E.FLORIDA
	Corol Springs El 22071	, ,			
	Coral Springs, FL 33071 City/State and Zip Code	<u> </u>			
	mail address: (to be used for future annual report				
	David Weix	at (954)		340-8181
	Name of Person		Area C	ode & Dayı	ime 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	ing amo	ount:		
•	\$25 Filing Fee		\$55 Fili	ing Fee &	c Certified Copy

INHS18 (5/08)

• 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.

Name of the limited liability company:	D-BEST PAINTING LLC			
2. (a) Principal office address of limited liability compa	ny: 8183 NW. 14th Street			
(Note: MUST BE STREET ADDRESS)	Coral Springs, FL 33071			
(b) Mailing address of limited liability company:	D-BEST PAINTING LLC			
(Note: MAY BE POST OFFICE BOX)	8183 NW. 14th Street Coral Springs, FL 33071			
July 28,2008	L08000072201 S			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Bept. of State:			
Registered Agent:	Ryan Moran, US CORP AGENTS			
Registered Office Address:	UNITED STATES CORPORATION AGE 13302 WINDING OAKS BLVD. SUITE A TAMPA, FL 33612			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:			
NEW Registered Agent:	David Weix			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	WEIX & WEIX,PA 1890 University Drive, Suite 308 Coral Springs, FL 33071 ,FL			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization			
David Levinson Printed or typed name of signee	 -			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a daress. I hereby confirm that the timited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, so sition as registered agent as provided for in serely reflect a change in the registered office my 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

m was in it