

**L11000093630**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

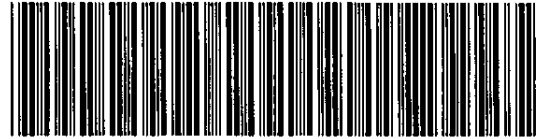
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**FEB 02 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

ANNDREANNA ENGELMEIER  
3559 BESS NOOK RD  
BONIFAY, FL 32425

SUBJECT: 4 STARS PAINTING & WATERPROOFING LLC  
Ref. Number: L11000093630

We have received your document for 4 STARS PAINTING & WATERPROOFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**YOU MUST HAVE A REGISTERED AGENT, PLEASE FILL OUT SECTION B WITH NEW REGISTERED AGENT**

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 317A00001267

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4 Stars painting & waterproofing 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:

Andreanna Engelmeier  
Name of Person

\_\_\_\_\_  
Firm/Company

3559 Bess nook Rd  
Address

Bonifay, FL 32425  
City/State and Zip Code

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

For further information concerning this matter, please call:

Andreanna Engelmeier at (850) 768-9857  
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 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: 4 Stars painting & Waterproofing LLC

2. (a) 3588 Holmes Valley Rd (b) P.O. Box 529

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Vernon, FL 32462

Vernon, FL 32462

3. 8.15.2011  
Date of filing/registration in Florida

4. L11000093630  
Document number

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

3559 Bess Nook Rd.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bonifay, FL 32425

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

3588 Holmes Valley Rd.  
NEW Registered Office Address:

Vernon, FL 32462

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Stephen B. Jackson  
Signature of a member or authorized representative of a member

Stephen B. Jackson  
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 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.

Stephen B. Jackson  
Signature of Registered Agent